



Courtyard ACH Authorization

Child(ren)'s Name: _____

Parent Name: _____

Date to Begin ACH: _____ / _____ / _____

Transaction Options

I would like my tuition drawn out of my account as follows:

_____ Option 1: Every Other Week on Monday

_____ Option 2: Every Four Weeks on Monday

Terms and Agreement

Please initial on each line.

_____ I understand that Courtyard will calculate the amount withdrawn based on your weekly tuition rate, and will create ACH transactions to ensure that your account is paid in full at all times.

_____ I understand that all withdrawals will be credited to my Courtyard financial account.

_____ I understand that should Courtyard withdraw the incorrect amount due to a tuition adjustment (increase or decrease) or a simple error, that I authorize Courtyard to execute an additional withdrawal as needed, or lower a future withdrawal amount as needed to get my Courtyard financial account to balance.

_____ I understand that I can request a statement at any time by emailing Christa@CourtyardEarlyLearningCenter.com.

_____ I understand that if I see an error on my statement compared to the withdrawals from my banking account, that I will consult with Christa to ensure that the error is resolved and either credited to my account or refunded.

_____ I understand that should I want to cancel, I must notify Christa in writing two weeks prior to the desired ACH cancellation date.

Financial Information

_____ Bank Name
_____ Bank Routing Number
_____ Bank Account Number

By signing below, you authorize Courtyard Early Learning to withdraw your tuition from the above account.

Signature: _____ Date: _____

- Bank
- ACH Tracker