

ACH FORM Authorization Agreement for Automatic Payment

Name: _____

Address: _____

I (we) hereby authorize Royalty Only, Inc. dba Springing Up CDC and Cornerstone Academy, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and /or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit Routing Number: _____ (Bottom left side of check)

Account Number: _____ (Bottom right side of check)

Based on selection on Payment Contract, tuition will be taken out on the following dates:

Plan I.	Semester Payment	Half tuition on last Friday of July; Balance due 1 st Friday of January
Plan II.	Yearly Payment (5% discount)	All tuition paid in full on last Friday of July

Dedication dues of _____ is in addition to tuition every year, for each student, due the Friday before Memorial Day.

For students enrolled in Before/After School Care, tuition (as indicated on Payment Contract) will be taken out weekly before the learning week and the Thursday before or Monday following a holiday that falls on a Friday.

This Authority is to remain in full force and effect until Royalty Only Inc. dba Springing Up CDC and Cornerstone Academy, has received written notification from me (us) of termination in such time and in such manner as to afford Royalty Only Inc. dba Springing Up CDC and Cornerstone Academy, a reasonable opportunity to act on the cancellation.

Authorize Signature: _____ Date: _____