

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



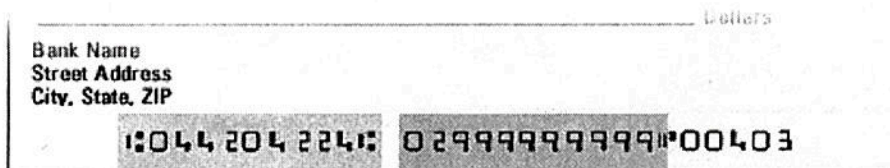
Bloom Academy PG
 425 W. Helen Ave
 Punta Gorda, FL 33950
 (941) 655-8150

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Bloom Academy PG, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Bloom Academy PG to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Bloom Academy PG to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

| | | |
|--|---------------|---|
| Account Holder's Name: | | Phone: |
| Email: | | |
| Children Names (if applicable): | | |
| <i>Please enter children names if the account holder's last name is different.</i> | | |
| Account Holder's Address: | | |
| City: | State: | ZIP Code: |
| Bank/Credit Union Name: | | |
| Bank/Credit Union Address: | | |
| City: | State: | ZIP Code: |
| Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business Checking | | |
| Routing Number: <small>(See Sample Below)</small> | | Account Number: <small>(See Sample Below)</small> |
| This authorization will remain in full force and effect until I notify Bloom Academy PG in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it. | | |
| Signature: | | Date: |
| PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS | | |

(Please attach a copy of a voided check below - deposit slips not accepted)



This is the location of the 9 digit Transit Routing Number for your Bank.

This is where you will find your account number.



(800) 553-2312
www.RapidTuition.com