



Summerfield Academy Direct Deposit Form

If you are interested in setting up direct deposit please fill out and return this form to Summerfield Academy.

ACH Authorization Agreement – Direct Payments

I hereby authorize the ACH Processor Payliance, in partnership with Emerging Technologies (software company initiating ACH transactions) on behalf of Summerfield Academy to initiate reoccurring debit entries to my bank account indicated below for all tuitions charges, registrations, activities, fees & services, as agreed upon in Summerfield Academy's polices & prices outlined in the parent handout, (Please initial you have received handout)

(initial)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of both State and U.S. law.

BANK INFORMATION

Bank Name _____

Branch _____ (if more than one in same city)

City _____ State _____ Zip _____

Name on Bank Account _____

Routing Number _____ Account Number _____

Select One: Checking Account Savings Account

**How frequent would you like to be billed ___ Weekly ___ Bi-Weekly ___ Monthly

This authorization is to remain in full force and effect until Payliance has received written notification from me (customer) via the merchant named above of its termination in such time and in such manner as to afford Payliance and all processing banks involved a reasonable opportunity to act on it, a minimum of 15 days. In addition, I also indemnify and hold the business merchant named above, Emerging Technologies, and Payliance harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Child's Name

Signature

____/____/____
Date

Telephone #

