

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



The Gymnastics Academy

13954 SW 8 St
Miami, FL 33193
(786) 577-0653

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize The Gymnastics Academy, 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 The Gymnastics Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize The Gymnastics Academy 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): _____

Please enter children names if the account holder's last name is different.

Account Holder's Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank Account Type: Checking Savings Business Checking

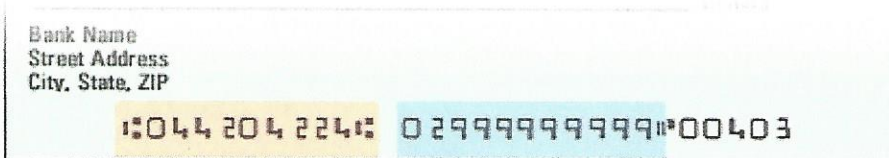
Routing Number: _____ **Account Number:** _____
(See Sample Below) *(See Sample Below)*

This authorization will remain in full force and effect until I notify The Gymnastics Academy 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