



2020-2021 TUITION

(A new form must be provided for the school year.)

OPTIONAL: ACH RECURRING MONTHLY DRAFT

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Help:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize LEAKE ACADEMY to charge my bank account
 \$_____ on the 10th of each month for payment of my tuition; for _____
 (Child/Children's Name)
 This billing will begin on **August 10, 2020**, and end on **May 10, 2021**.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

ATTACH A VOIDED CHECK HERE OR FILL IN:

Account Type: Checking Savings
 Name on Acct _____
 Bank Name _____
 Account Number _____
 Bank Routing # _____
 Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Leake Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Leake Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$40.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.\

PLEASE COMPLETE ONLY ONE PER FAMILY