

**BANK TRANSFER AUTHORIZATION FORM**

I authorize Sunshine Academy LLC to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Name of my child (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of billing:**

* Starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and on the 5th of each month according to the amount per the terms in each invoice.
* $250 One-time payment for Registration Fees.
* $550 Semester supply fee August 5, 2022.
* $550 Semester supply fee January 5, 2023.

I understand there will be a $25 processing fee when payments are rejected due to any reason from my bank.

**Custom bank account information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing number Account number

Account type:

* Checking
* Savings
* Consumer
* Business

The payment authorization is to remain in effect until I notify Sunshine Academy of its cancellation by giving written notice a month in advance of the last day that my child will be attending classes at Sunshine Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ /\_\_\_ /\_\_\_\_\_

Customer signature Customer printed name Date