

Bank Draft (ACH) Authorization/Change Form



*** Retain a copy of this form for your records. Return the original to Spring Grove Regional Parks and Recreation Center.**

This agreement is made between _____, the parent/guardian of _____, child's name, and the Spring Grove Regional Parks and Recreation Center.

The terms and conditions of your payment agreement are as follows:

Your weekly/daily fee is \$_____, which will automatically be made by your financial institution in Weekly, Bi-weekly OR Monthly installments (check box indicating ACH occurrence) on Fridays for the upcoming week(s) services are rendered. This arrangement is to begin on _____(date). **NOTE: This amount will change based on In-Service services, Delays, Closings and Holidays Services when/if provided per agreement. Contact the Child Care Department for the most current service change charge(s).*

By signing this agreement, you indicate your approval to the Spring Grove Regional Parks and Recreation Center to authorize your financial institution, _____, to make payments per installment as noted above on your behalf from the checking or savings account listed below and transfer it to the Spring Grove Regional Parks and Recreation Center. An email confirmation notification will be sent to _____.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY			
Type of Account <small>Choose only One Type</small>	Bank Account Number*	Routing Number	Financial Institution ("Bank") Name
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter checks, copies or facsimiles accepted)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

COMPLETE IF CHANGING EXISTING DEPOSIT ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY			
Type of Account <small>Choose only One Type</small>	Bank Account Number*	Routing Number	Financial Institution ("Bank") Name
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

ENROLLEE CONFIRMATION STATEMENT -PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize Spring Grove Regional Parks and Recreation Center to withdrawal said fees from the bank accounts specified above. I agree that withdrawal transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Spring Grove Regional Parks and Recreation Center to make said transaction(s) to specified bank account(s). Any additional fees or charges associated to the transaction by my institution will be my responsibility.

Signature _____ Date _____

Agreement valid from ___/___/___ to ___/___/___

Not to exceed 1 school year term. This document will be destroyed upon completion of term.

Department:

B A B/A - NS P SGE YC LT/LE CQ