

AUTHORIZATION OF AUTOMATIC PAYMENT WITHDRAWAL

Customer Information-Please PRIN		Inst	ructions:	
Account Holder's Name:		1.		
Address:			2. Please complete payment and	
			sections. Sign and date in "Authorized	
Phone Number:			Account Signers" Section Return form to your center	
Student Name:			Please keep one copy of this document for your records	
Sibling Name(s) if applicable:			Charges will appear on your bank statement as "ACH Debit"	
Take Payment from the following De	eposit Account-See Terms & Conditions	on back of form Financial Institution Na	me Routing/Transit Number	
Deposit Account Number	Account Type *if checking, please attach a voided check	rillaliciai ilistitutioii Na	ine Kouting/Hansit Number	
	☐ Checking ☐ Savings			
	- See Terms & Conditions on back of for		*please see back for diagram	
 □ Monthly Tuition (See Tuition □ Annual Materials Fee □ Writer's Workshop* □ Math Infinity* □ Confident Voice* □ Robotics/Kinderbots *Optional, Elective Classes 	n Schedule for Details			
Note: Any fees that are assessed to Conditions on back of form for detail	your account may be added to your models.	nthly automatic payment	amount. See Terms &	
Note: Invoices will be sent out via e-	mail on the 25 th of each month. Automa	atic payment will be dedu	cted on the 1 st of each month.	
Authorized Account Signers				
Automatic Payments and to debit m	me) authorize Olive Children Foundation y Deposit Account and credit my accour s associated with this form. (See Terms a	nt as directed above. By s	gned this form, I understand	
Signature		Date		
Signature		Date		

^{**}Please attach a VOID check.**



AUTOMATIC PAYMENT WITHDRAWAL TERMS & CONDITIONS

- Complete this form and attached a voided check from the deposit account that is to be debited each month
- Automatic payments will begin with the next unbilled statement cycle after the completed form has been received
- If Automatic Payments cannot be established as requested, a letter will be e-mailed to you with a brief explanation of any issues. This may cause a delay in set up of your Automatic Payments. You will still be responsible to make any billed payments by check until the automatic payments have been established.
- Billing statements (invoices) will be e-mailed to your account on the 25th of each month. It is your responsibility to review the invoice and inform of any changes or discrepencies
- Your Automatic Payment will be debited from your deposit account on the 1st of each month.
- If your due date falls on a weekend or holiday, the Automatic Payment will be debited from your account on the following business day.

<u>To cancel Automatic Payments:</u> Olive Children Foundation/Berkeley Academy must be notified at least 14 business days prior to the applicable payment date by e-mail <u>accounting@olivechildren.com</u>

<u>Any fees assessed to your account</u> such as but not limited to late, insufficient funds, and annual fees will be added to your monthly payment amount, which could cause your Automatic Payment to be greater than the amount indicated on the Automatic Payment Withdrawal Form. This amount will be debited from your Deposit account on your payment due date.

Conditionals that may cause the Automatic Payment to be cancelled on your account:

- If your Automatic Payment ahs been returned due to insufficient funds for three consecutive payments. A payment returned as insufficient funds may be assessed a fee which will be added to your next scheduled payment.
- If we receive notice that your Deposit account has been closed or frozen, or is an invalid number. A payment returned to Deposit account being closed, frozen or invalid may be assessed a fee which will be added to your next schedule payment.

Any questions regarding your account or automatic payments, please e-mail: accounting@olivechildren.com



 $\label{eq:children} \textbf{OLIVE CHILDREN FOUNDATION}, a 501(c)(3) \ not-for-profit organization, strives to prepare our children to be the future leaders of tomorrow.$

