

ACH AUTHORIZATION FORM FOR: MAPLEWOOD SCHOOL, INC.

Merchant Name: Maplewood School, Inc.

Merchant Phone: (516) 221-2121

Merchant Address: 2166 Wantagh Avenue, Wantagh, NY 11793

Email Address: office@maplewoodschool.com

CUSTOMER INFORMATION

Customer Name: _____

CUSTOMER FINANCIAL INFORMATION

Bank Name: _____

Transit Routing Number: _____ **Bank Account Number:** _____

Name as it appears on Account: _____

PAYMENT PLAN SCHEDULE

One Time Payment: Payment Amount \$ _____ Payment Date: _____

Recurring Debit Every: _____ Day(s) Weeks(s) Month(s)

Start Date: _____ Payment Amount: \$ _____

End Date: _____

Number of Payments: _____ Total Payments: \$ _____

PAYMENT AUTHORIZATION

I authorize Maplewood School to electronically debit the bank account indicated above for the noted amount. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.

For recurring payments, I authorize Maplewood School to electronically debit the bank account indicated in the form for the noted amount on the schedule indicated. I understand that this authorization will remain in effect until the scheduled end date, or until I cancel it either in writing or by contacting us at (516) 221-2121. I agree to notify Maplewood of any changes in my account information or termination of this authorization in such a time as to afford us and your bank a reasonable opportunity to act on your request, typically within fifteen business days prior to the next scheduled payment.

Termination of this authorization does not affect your obligation for payment. If the above noted payment date falls 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account each period as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the NACHA Rules and the provisions of the U.S. law.

In the event that we make an error in processing an electronic debit, you authorize us to correct the error by initiating an electronic debit or credit to the account in the amount of such error on or after the date such error occurs. You understand that your bank may impose fees in connection with the rejected debits, and you agree that we do not have any liability to you for such fees. You understand that electronic debits are subject to applicable laws and network rules.

X _____
Customer Signature Printed Name Date

X _____
Second Authorized Signature of Bank Account Printed Name Date
(If Required)