



## Full-Day Kindergarten Program Electronic Funds Transfer (EFT) Form 2012-2013

Full-Day Kindergarten Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Individual Responsible for Payment:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Direct Deposit Account Information:**

A voided personal check must be attached in addition to completing this section.

Type of Account (Check One):     Checking     Savings

Routing Transit Number: \_\_\_\_\_

(Your financial institution's 9-digit routing transit number)

Account Number: \_\_\_\_\_

(Your account number at your financial institution)

Financial Institution Name: \_\_\_\_\_

(The name of the institution to which payments are to be directed)

Account Title: \_\_\_\_\_

(The depositor's name on the account to which payments are to be directed)

**Authorization:**

I authorize American Academy to initiate the recurring EFT withdraw in the amount of \$480.00 per month for Nine (9) consecutive months on the first day of the month, beginning September 1, 2012. I may change or cancel this recurring payment by notifying American Academy in writing. All notifications must be received by the fifteenth (15th) of the preceding month in order to alter the next month's transaction.

I authorize my financial institution to transfer the amount indicated. Adjusting entries to correct errors are also authorized. The authorization is to remain in full force and effect until written notification is given to American Academy of its termination, or May, 2013.

In the event that the EFT fails and payment is not received by the fifteenth of the month, a \$100.00 late charge shall be imposed. If two consecutive payments are missed, the student may be disenrolled from the full-day option Kindergarten program and placed into a half-day program. Enrollment in the full-day Kindergarten program represents a commitment by the parents that the student will remain enrolled in the full-day program throughout the school year.

Employee Discount: The last tuition payment for full-day Kindergarten will be waived for the dependant of an employee provided the employee is employed by American Academy for the entire academic year.

Signature of Authorizing Party \_\_\_\_\_ Date \_\_\_\_\_