



# Clintonville Academy

3916 Indianola Ave., Columbus, OH 43214

## ACH Payment Plan Authorization Form

If you opt to pay tuition monthly, you need to follow the automated payment plan. It's easy to set-up, and your payments will take care of themselves. Just complete and sign the form below to get started!

### Here's How the Payment Plan Works:

We decide upon a mutually agreeable number of payments and a schedule. You authorize the regularly scheduled charges to your checking or savings account. Transactions will take place on either the 5<sup>th</sup> or the 20<sup>th</sup> of the month. A receipt will be emailed for each payment that includes information on how much you've paid, how much is left, and your next scheduled payment and date. When the total due is collected, the schedule ends and the authorization is terminated.

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### Please complete the information below:

Total Due: \_\_\_\_\_ Payment Frequency: Monthly  
# of Payments: \_\_\_\_\_ Start Date: July 1, 2016  
Payment Amount: \_\_\_\_\_ Preferred monthly withdrawal day: 5<sup>th</sup> or 20<sup>th</sup> (circle one)

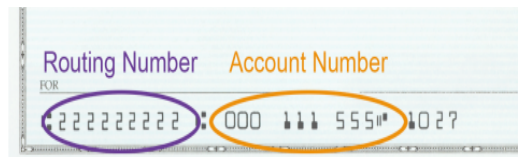
I \_\_\_\_\_ (full name) authorize Clintonville Academy to charge my bank account, as shown below to discharge the above debt using installment payments in the amount and schedule indicated. I understand that in the case of a dispute, Ohio law applies and a non-payment will result in the delaying of services such as withholding of grades and transcripts.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  Savings  
Name on Acct. \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Clintonville Academy may attempt to process the charge again within 30 days, and agree to pay a \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. I understand I will receive notifications regarding any unpaid balances. If Invoices remain unpaid after receiving a series of reminders, the account will be turned over to a collection agency. Report cards will be held if accounts are not current with any financial obligations.