Livermore Valley Academy

557 Olivina Ave Bldg. B

Livermore, CA 94551

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started! **One form per child.**

Here is How Recurring Payments Work:
You authorize regularly scheduled charges to your checking or savings account. For each month, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from Livermore Valley Academy at least 10 days prior to the payment being collected.

I _____ authorize Livermore Valley Academy to charge my bank account the amount of $_____
monthly on the _____ calendar day starting _____ and ending. _____

Student's Name   _____   Grade   _____

Billing Address   _____   Phone# _____

City, State, Zip   _____   Email   _____

Account Type: Checking   Savings
Name on Account   _____
Bank Name   _____
Account Number   _____
Bank Routing Number   _____
Bank City/State   _____

Note: the transaction will be under the name of "Kulasis, LLC, DBA Livermore Valley Academy."

SIGNATURE _____   DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Livermore Valley Academy 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 periodic payment dates fall 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 (Automated Clearing House) transaction being rejected for Non Sufficient Funds (NSF) I understand that *Livermore Valley Academy* may, at its discretion, attempt to process the charge again within 30 days. I agree to an additional $35 bank charge plus a $50 late fee charge(s) 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.