



RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Ainsworth After School Enrichment Program
2425 SW Vista Ave.
Portland, OR 97223
(503)-223-9744

ELECTRONIC FUNDS TRANSFER AUTHORIZATION	
I authorize AASEP to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize AASEP to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize AASEP to use the third-party sender, Tuition Express, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.	
Account Holder's Name: _____	
Account Holder's Phone Number: _____	
Account Holder's Email Address: _____	
Circle One: CHECKING SAVINGS	
Routing Number: _____	
Account Number: _____	
Name of Bank: _____	
This authorization will remain in full force and effect until I notify AASEP in writing of its termination. Notification must be received 5 business days in advance of termination date to permit Tuition Express and my bank reasonable time to act upon it.	
Signature: _____ Date: _____	

PLEASE NOTE: ALL FAMILIES MUST BE ENROLLED IN AUTO-PAY.