

Otterbein Early Education Center

Authorization for Tuition ACH

Name: _____

Address: _____

Check One:

Enrollment

Cancellation

Change – Account Number

Change – Tuition Amount

Effective Date (First Withdrawal or Change): _____

Amount of Tuition _____ per: _____ WEEK _____ BIWEEKLY
(choose one)

Weekly Debits occur on Monday for the current week. Biweekly debits occur on Monday for the current week and the following week. *** Please see the OEEC office to complete a new form if there is a change in the amount of tuition***

Account Information:

Account Holder Name: _____ Bank Name: _____

Account Number: _____ Bank Routing/Transit #: _____

Account Type (check one): _____ Checking _____ Savings

(please attach a voided check if deducting from checking account)

I hereby authorize OTTERBEIN EARLY EDUCATION CENTER (hereinafter called the "OEEC") to debit the above referenced account. This authorization is to remain in force until the OEEC has received written notification of termination in such time and in such manner as to afford the OEEC and/or the Bank(s) a reasonable opportunity to act on it.

In the event that OEEC notifies the Bank(s) that funds transferred were not entitle to the OEEC, I hereby authorized and direct the Bank(s) to return said funds to the above referenced account.

Signature: _____ Date: _____

Account Holder Name (printed): _____

** A \$15 fee will be charged if automatic debit is refused for any reason**

Please contact the center director at 717-266-0114 or otterbeineec@aol.com with questions or special instructions.