

**2022-2023 Recurring Automatic Debit Authorization Form**

I authorize **InterActive Academy**, hereinafter called COMPANY, to initiate debit entries to my account indicated below at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account for payment of my **2022-2023 10% Non-Refundable School Deposit, School Tuition, Swim Lesson during school day and Before/After care**.

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| FINANCIAL INSTITUTION NAME | | | |
|  |  | | Checking  Savings  (Press Space Bar To Select Box) |
| ROUTING # | ACCOUNT # | |  |
| $ |  | |  |
| DEPOSIT |  | |  |
| $ | Monthly  (July 1, 2022-April 1, 2023) | | One Time  (June 30, 2022) |
| TUITION AMOUNT | FREQUENCY | |  |
| (   ) *Initial here to register for SWIM = $350 (June 30, 2022) for entire school year*  SWIM lesson 1x per week during PE time is available for 2.5yr/3yrs to Kindergarten | | | |
| (   ) *Initial here for BAC charges*  BEFORE/AFTER CARE will be invoiced at the end of each month and payment debited on the 5th of the following month.  (   ) *Initial here for Registration Fee*  $35 annual registration fee will be processed if due. | | | |
| This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. | | | |
|  | | /    / | |
| SIGNED | | DATE | |
| (By typing your name above you are digitally approving this document.) | | | |
|  | | (   )   - | |
| PRINTED NAME | | TELEPHONE | |
| **\*\*\* PLEASE ATTACH A SCANNED COPY OF VOIDED CHECK \*\*\***  (     ) Initial Here. There is a $25 fee for any returned ACH. | | | |