



Tara Redwood School Automatic Bank Withdrawal Information Tuition Debit Program

The following procedure will be used for Tuition and Aftercare payments unless other arrangements are made with the office:

1. The withdrawal date will be the 1st of each month.
2. Any withdrawal requests received after the 27th of the month will be processed the following month.
3. We will assume that the first withdrawal amount will cover any outstanding amount you owe. i.e. Registration, tuition, aftercare and or hot lunch.
4. Your request for withdrawal is on a monthly basis for 10 months of the year as long as your child is attending Tara Redwood School
5. Should your bank not honor the request for withdrawal in a particular month due to non-sufficient funds or any other reason, the electronic banking center will automatically request the funds approximately ten days later. Should the request be denied a second time, we will contact you regarding the matter.
6. If you wish to make an extra donation or gift, you may contact the office and request that it be added to your withdrawal the following month.
7. If, at any time you wish to revoke your authorization you may do so via telephone or letter. We must receive this notice five days in advance of the next withdrawal.
8. You have the right to receive reimbursement for any debit not authorized or inconsistent with this agreement.

Name _____

My Account will be debited for: amount \$ _____ per month

Student(s): _____

Classroom: _____

On Date: _____

Please fill out Authorization to Debit Account form and return to Tara Redwood School by **August 1st 2014**

Tara Redwood School, 5810 Prescott Road, Soquel CA 9507

831-462-9632 www.TaraRedwoodSchool.org office@tararedwoodschoo.org

Tara Redwood School - 5810 Prescott Road, Soquel, CA 95073 Fax 831 337-5748,



Authorization to Debit Account

I / we _____ of address:
_____ Authorize Tara Redwood School to debit my
/ our account.

The funds debited are to be used for Tuition payment for: _____

The funds debited are to be used for Aftercare payment for: _____

For the following days a week at \$15 per day: (Please circle choices)

Mon - Tues - Wed- Thurs- Friday -and /or - Drop in care at \$15 per day

I / we have attached a blank check marked VOID.

Payment is due by the 10th of each month, please choose a payment / withdrawal date
Date: _____

Printed
Name/s: _____

Signature/s:

Remember to send a void check

*If at any time I wish to revoke my authorization I may do so via telephone or letter. Tara Redwood School must receive this notice five days in advance of the next withdrawal.

*I have the right to receive reimbursement for any debit not authorized or inconsistent with this agreement and will contact Tara Redwood School if this event takes place.

To obtain more information on your recourse rights you can contact your financial institution.

Please fill out Authorization to Debit Account form and return to Tara Redwood School by **August 1st 2014**