

## **Southminster Early Learning Academy 2025/26 Automatic Payment Form**

Parent's Name:	_ Child's Name(s)
Address:	
Phone:	
	matic tuition payment for the 2025/2026 school year by electronic e your monthly tuition payment electronically transferred from
You may also elect to authorize the payment of additional Play, Learn, annual Registration, etc.) by checking the	onal fees (including but not limited to attendance fees for Eat, box to authorize this payment below.
There is no additional cost to participate in this prograsufficient funds, any NSF fees charged to SELA will be	nm. However, if an auto-debit is returned because of non-charged to your family's account.
falls on a weekend or holiday), September through Apmade from September 2025 through April 2026. Tran	on the 5th of each month (or the first business day after if the 5th oril. Transactions for the Kindergarten Enrichment class will be sactions for Eat, Play, Learn will be made November 2025 through , this Authorization is immediately terminated by Southminster
Please indicate the tuition amount you would like to b	e withdrawn monthly \$
$\hfill \square$ I authorize the additional deduction of other fees	incurred during the prior month.



## Southminster Early Learning Academy ACH DIRECT DEBITS AUTHORIZATION FORM – 2025/2026 School Year

## **AUTHORIZATION AGREEMENT FOR ACH TRANSFERS**

I (hereafter called "Parent/Guardian"), authorize Southminster Early Learning Academy to initiate electronic debt entries to the account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This Authorization is to remain in effect until the 2025/2026 account balance is paid in full, at which time the Authorization is immediately terminated by Southminster Early Learning Academy OR until a written Request for Termination of this Authorization has been received from the Parent/Guardian and processed by Southminster Early Learning Academy.

YOUR NAME 1234 Main Street Anywhere, OH 00000	DATE	123	
PAY TO THE ORDER OF	\$		
		LLARS	
(044072324) (1000123450	5789 13123		
NUMBER NUMBER			
Parent/Guardian Name (as	s shown on bank acco	 ount)	
Financial Institution Name			
Financial Institution City a	nd State		
Financial Institution Routin	ng/Transit Number (9	digits on botton	n left corner of check)
Bank Account Number (for	und on bottom midd	le of check)	
□ Checking	□ Savings		
Parent/Guardian Signature	2		
Date			