

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

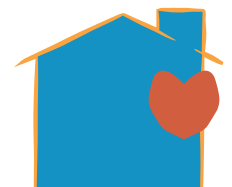
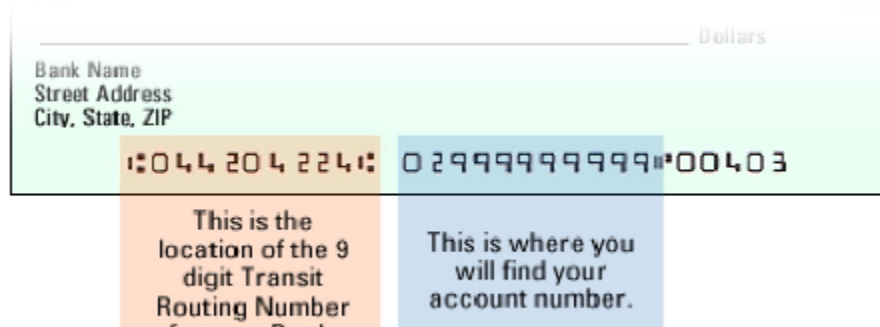
ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Casa de Corazón, 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 Casa de Corazón to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Casa de Corazón to use the third party sender, RapidTuition, 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: | | Phone: |
| Email: | | |
| Children Names (if applicable): | | |
| <i>Please enter children names if the account holder's last name is different.</i> | | |
| Account Holder's Address: | | |
| City: | State: | ZIP Code: |
| Bank/Credit Union Name: | | |
| Bank/Credit Union Address: | | |
| City: | State: | ZIP Code: |
| Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business Checking | | |
| Routing Number: <i>(See Sample Below)</i> | | Account Number: <i>(See Sample Below)</i> |
| This authorization will remain in full force and effect until I notify Casa de Corazón in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it. | | |
| Signature: | | Date: |
| PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS | | |

(Please attach a copy of a voided check below - deposit slips not accepted)

Casa de Corazón and its affiliates do not sell, share or disclose any of your personal and private information with any third parties.



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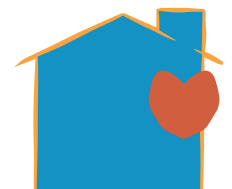
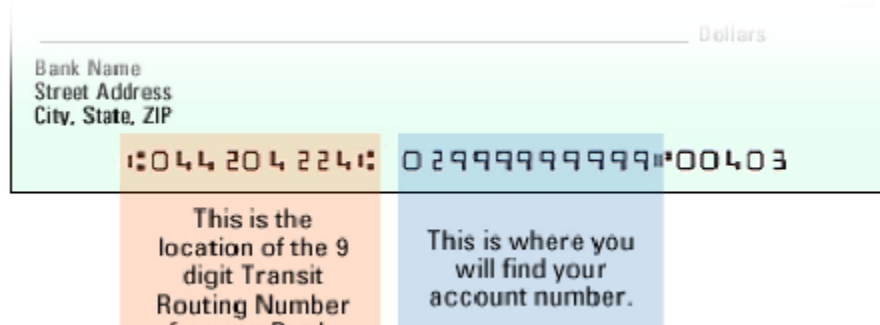
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| City: | State: | ZIP Code: |
| Bank/Credit Union Name: | | |
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