

ACH Agreement

I Authorize CMCA to withdraw all school related fees including but not limited to CMCA Tuition, CMCS Tuition, Extra Class Fees, etc. thru ACH transaction using the banking information provided below. I understand that this authorization will remain in effect thru the duration of my child attending CMCA or until I cancel it in writing. I agree to notify CMCA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the below noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the below noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that CMCA will re-process on the next scheduled CMCA draw on the 20th of the month and I agree to an additional \$30.00 fee for each attempt returned NSF.

I understand that there are other fees (Ancillary Fees) other than tuition that I agree to pay under this ACH Agreement unless specified below.

Signature _____ Date _____

School Fees

(Please select all items you do not wish to be a part of this agreement.)

Monthly Tuition

CMCS Semester Class Fee

CMCS Class Tuition

Banking Information

Name on Account _____

Billing Address _____

City _____ State _____ Zip Code _____

Type of Account (Circle one): Checking Savings Transaction Date- 5th of the month

Routing Number _____ Account# _____