



1027 Eastchester Drive
High Point, NC 27262
(336) 410-4555

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Sprouts, LLC to charge my bank account for my child's
(full name)

tuition indicated below on the:

- o 1st & 15th of each month
- o 1st of each month

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Please fill out the information below AND attach a VOIDED check.

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Sprouts, LLC 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 above 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Sprouts, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

BiMonthly Payment Schedule 1st & 15th (NCLA)

Date	Pays for:	One Child	Two Children
8/15/18	8/16/8/17 (\$30), 8/20 (\$75)	105	190
9/1/18	8/27, 9/3	150	270
9/15/18	9/10, 9/17	150	270
10/1/18	9/24, 10/1	150	270
10/15/18	10/8, 10/22	150	270
Week of 10/15/18 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
11/1/18	10/29, 11/5	150	270
11/15/18	11/12, 11/19	150	270
12/1/18	11/26, 12/3	150	270
12/15/18	12/10, 12/17	150	270
Week of 12/24/18 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7	150	270
1/15/19	1/14, 1/21	150	270
2/1/19	1/28, 2/4	150	270
2/15/19	2/11, 2/18	150	270
3/1/19	2/25, 3/4	150	270
3/15/19	3/11, 3/18	150	270
4/1/19	3/25, 4/1	150	270
4/15/19	4/8, 4/22	150	270
Week of 4/15/19 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6	150	270
5/15/19	5/13, 5/20	150	270
6/1/19	5/27, 6/3	150	270

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

Monthly Payment Schedule 1st of each month (NCLA)

Date	Pays for:	One Child	Two Children
8/15/18	8/16/8/17 (\$30), 8/20	105	190
9/1/18	8/27, 9/3, 9/10, 9/17	300	540
10/1/18	9/24, 10/1, 10/8, 10/22	300	540
Week of 10/15 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day (\$24 for siblings)	
11/1/18	10/29, 11/5, 11/12, 11/19	300	540
12/1/18	11/26, 12/3, 12/10, 12/17	300	540
Week of 12/25 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7, 1/14, 1/21	300	540
2/1/19	1/28, 2/4, 2/11, 2/18	300	540
3/1/19	2/25, 3/4, 3/11, 3/18	300	540
4/1/19	3/25, 4/1, 4/8, 4/22	300	540
Week of 4/15/19 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6, 5/13, 5/20	300	540
6/1/19	5/27, 6/3	150	270

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

BiMonthly Payment Schedule 1st & 15th (Phoenix)

Date	Pays for:	One Child	Two Children
8/15/18	8/17, 8/20, 8/27	165	295
9/1/18	9/3, 9/10	150	270
9/15/18	9/17, 9/24	150	270
10/1/18	10/1, 10/8	150	270
10/15/18	10/15, 10/22	150	270
11/1/18	10/29, 11/5	150	270
11/15/18	11/12, 11/18	150	270
12/1/18	11/26, 12/3	150	270
12/15/18	12/10	75	135
Week of 12/17 & 12/24 (HOLIDAY BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7	150	270
1/15/19	1/14, 1/21	150	270
2/1/19	1/28, 2/4	150	270
2/15/19	2/11, 2/18	150	270
3/1/19	2/25, 3/4	150	270
3/15/19	3/11, 3/18	150	270
4/1/19	3/25, 4/1	150	270
4/15/19	4/8, 4/15	150	270
Week of 4/22/19 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6	150	270
5/15/19	5/13, 5/20	150	270
6/1/19	5/27	75	135

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

Monthly Payment Schedule 1st of each month (Phoenix)

Date	Pays for:	One Child	Two Children
8/15/18	8/17 (\$15), 8/20 & 8/27	165	295
9/1/18	9/3, 9/10, 9/17, 9/24	300	540
10/1/18	10/1, 10/8, 10/15, 10/22	300	540
11/1/18	10/29, 11/5, 11/12, 11/19	300	540
12/1/18	11/26, 12/3, 12/10	225	405
Week of 12/17 & 12/24 (HOLIDAY BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7, 1/14, 1/21	300	540
2/1/19	1/28, 2/4, 2/11, 2/18	300	540
3/1/19	2/25, 3/4, 3/11, 3/18	300	540
4/1/19	3/25, 4/1, 4/8, 4/15	300	540
Week of 4/22/19 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6, 5/13, 5/20	300	540
6/1/19	5/27	75	135

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

BiMonthly Payment Schedule 1st & 15th (GCS)

Date	Pays for:	One Child	Two Children
8/27/18	8/27	75	135
9/1/18	9/3, 9/10	150	270
9/15/18	9/17, 9/24	150	270
10/1/18	10/1, 10/8	150	270
10/15/18	10/15, 10/22	150	270
11/1/18	10/29, 11/5	150	270
11/15/18	11/12, 11/19	150	270
12/1/18	11/26, 12/3	150	270
12/15/18	12/10, 12/17	150	270
Week of 12/25 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7	150	270
1/15/19	1/14, 1/21	150	270
2/1/19	1/28, 2/4	150	270
2/15/19	2/11, 2/18	150	270
3/1/19	2/25, 3/4	150	270
3/15/19	3/11, 3/18	150	270
4/1/19	3/25, 4/1	150	270
4/15/19	4/8, 4/15	150	270
Week of 4/22/19 (BREAK)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6	150	270
5/15/19	5/13, 5/20	150	270
6/1/19	5/27, 6/3	150	270

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

Monthly Payment Schedule 1st of each month (GCS)

Date	Pays for:	One Child	Two Children
8/15/18	8/27/17	75	135
9/1/18	9/3, 9/10, 9/17, 9/24	300	540
10/1/18	10/1, 10/8, 10/15, 10/22	300	540
11/1/18	10/29, 11/5, 11/12, 11/19	300	540
12/1/18	11/26, 12/3, 12/10, 12/17	300	540
Week of 12/25 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
1/1/19	1/1, 1/7, 1/14, 1/21	300	540
2/1/19	1/28, 2/4, 2/11, 2/18	300	540
3/1/19	2/25, 3/4, 3/11, 3/18	300	540
4/1/19	3/25, 4/1, 4/8, 4/15	300	540
Week of 4/22/19 (Break)		No debit- this will be charged based on your need and due at the time of service via cash, check or credit card. \$30 per day.	
5/1/19	4/29, 5/6, 5/13, 5/20	300	540
6/1/19	5/27, 6/3	150	270

**** Please note: The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation. PARENT INITIALS _____**

I authorize the above payment schedule for my child.

Parent Signature: _____

Parent Name (Printed): _____

Hi parents!

Thank you for reviewing our payment schedule. We wanted to point out a few things so there are no surprises!

- NCLA & Phoenix will be drafted on 8/15/18 as noted above.
- GCS will not be drafted until 9/1/18 but the first week of 8/27 is due prior to registration via cash, check, credit card.
- You will notice in the schedule that **we do not charge** for Spring Break and Christmas Break. However, draft amount for GCS and NCLA will remain the same based on how the weeks fall. Please make note of this. Phoenix Academy is off for 2 weeks at Christmas and your draft is reduced to reflect this is on 12/15. Please make note of this.
- The full tuition is due every week for all Sprouts After School Program participants despite absence due to: vacation, sick, and/or other conditions which would result in non-participation.

Below is a list of parent interest days. This means that upon enough participation, we will open on these days and the cost is \$30 per day. Pre-registration and pre-payment is required to attend.

NCLA

October 15-19
November 21
December 24-28
January 21
February 18
March 14-18
April 15-22
June 6-7

PHOENIX

November 20-21
December 17-28
January 21
February 18
April 22-26
June 3-7

GCS

November 21
December 24-28
January 21
February 18
April 22-26

Sprouts is CLOSED on the following days:

Labor Day: September 3rd
Veterans Day: November 12th
Thanksgiving: November 22-23
Christmas Day: December 25th
New Year's Day: January 1st
Good Friday: April 19th
Memorial Day: May 27th

We will open on Christmas Eve and New Year's Eve from 7:30am-2pm and the cost is \$20 per day.

Please note that Phoenix Academy has school on Veteran's Day- please make arrangements for alternate care.