



<p align="center">Staff Use Only:</p> <p align="center">Weekly Tuition Amount:</p> <p align="center">_____</p>

Authorization For Recurring Direct Payments (ACH Debits)

Sojourn Kings River
 6262 Upper Lake Dr
 Humble, TX 77346
 281-812-2882
www.krkhumble.com

Sojourn Eagle Springs
 18140 Timber Forest Drive
 Humble, TX 77346
 281-812-3770
www.krkhumble.com

RE: ACH Authorization for Recurring Charges

In consideration of the services provided to me by Kids R Kids, hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. Law.

Depository Bank Name:

Branch (City, State, Zip):

Account Number: _____ **Routing Number:** _____

Checking Savings

Amount: \$ Based on fees owed as provided pay balance.

Frequency:

Weekly
 On Mondays

Effective Date: ____/____/____ (mm/dd/yyyy)

The specific debits to my account authorized herein may only post on or after the **EFFECTIVE DATE** listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until **MERCHANT** has received written notification from me of termination in such time and in such manner as to afford **MERCHANT** and **DEPOSITORY** a reasonable opportunity to act. I may only revoke this authorization by filling out a **BILLING CHANGE FORM**.

Your Name: _____
 (please print)

Date: _____

Signature: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____