





2023-2024 ACH Tuition Payments Agreement

I hereby authorize Second Start Learning Disabilities Programs (DBA: Newton Learning Center of Northern Nevada), hereinafter called SSLDP, to initiate debit entries and to initiate, if necessary, adjustments for any transactions credited/debited in error to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit and/or credit the same to such account. This authority will remain in effect until the total tuition and fee amount is paid in full to SSLDP, or until I give written notification to terminate this authorization in such time and in such manner as to afford SSLDP and Financial Institution a reasonable opportunity to act on it.

Customer Name:	
Address:	
Phone Number:	Email:
Financial Information: Financial Institution Name: _	Account Type: Personal Business
Routing Number:	Account Number:
☐ Checking Account	Savings Account
Payment Schedule (select o	one)
	nent of \$1,000 or (specify amount): \$in August 2023 , last payment in June 202 4: 1st of Month or 10th of Month or 20th of Month or Other:
	ment of \$916.67 or (specify amount): \$in August 2023, last payment in July 202 4 ent on(enter day): theday of each Month
☐ Other payment –	Amount:Charge on (enter date): Frequency:
Customer Signature:	Date:
Check one of the following boxes:	
_	ormation is the same as last year. Please continue using that information. ged OR this is our first time registering for ACH

(Customer) MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) BY EMAIL to varshah@secondstart.org or cherieh@secondstart.org 7 days in advance of the scheduled debit