Bluegrass Center for Autism

ACH Form



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| **Payer's Contact Information**  |  |
| Child's Name: Click or tap here to enter text. |  |
| Payer's Name: Click or tap here to enter text. |  |
| Secondary Contact: Click or tap here to enter text. |  |
| Payer's Address (Street, City, State, Zip): Click or tap here to enter text. |  |
| Payer's Phone:Click or tap here to enter text. |  |
| Payer's Email Address:Click or tap here to enter text. |  |
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| **ACH Banking Information**  |  |
| Select one: Checking Account [ ]  -OR - Savings Account [ ]  |
| Please attach a "VOIDED" check to this form-OR-complete the information below:  |
| Bank Name: Click or tap here to enter text. |
| Bank Routing Number: Click or tap here to enter text. |
| Bank Account Number: Click or tap here to enter text. |
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**I hereby authorize Bluegrass Center for Autism to initiate debit entries to my account indicated above (or attached) and my bank, to debt the same such amount. This authority is to retain in full force and effect until Bluegrass Center for Autism and my bank have received written notification from me of its termination. I hereby agree to any and all information and agreements noted above.**

Payer's Signature:Click or tap here to enter text. Date:Click or tap to enter a date.