

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:

Action Day Primary Plus



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize Action Day Primary Plus, _____, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Action Day Primary Plus, _____ to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Action Day Primary Plus _____ to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:	Phone:
-------------------------------	---------------

Children Names (if applicable):

Please enter children names if the account holder's last name is different.

Account Holder's Address:

City:	State:	ZIP Code:
--------------	---------------	------------------

Bank/Credit Union Name:

Bank/Credit Union Address:

City:	State:	ZIP Code:
--------------	---------------	------------------

Bank Account Type: Checking Savings Business Checking

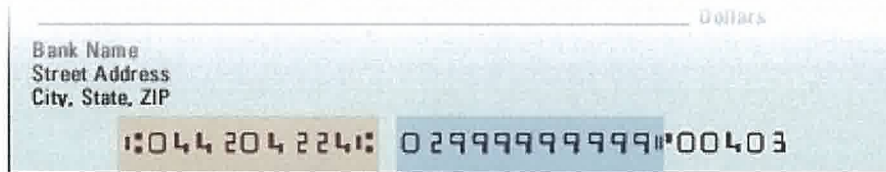
Routing Number: <i>(See Sample Below)</i>	Account Number: <i>(See Sample Below)</i>
---	---

This authorization will remain in full force and effect until I notify Action Day Primary Plus _____ in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

Signature:	Date:
-------------------	--------------

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below - deposit slips not accepted)



This is the location of the 9 digit Transit Routing Number for your Bank.

This is where you will find your account number.



(800) 553-2312
www.RapidTuition.com