

ST. CLEMENT EPISCOPAL SCHOOL  
AUTOMATIC PAYMENT PROCESSING  
2018-19

St. Clement has partnered with Paylance to automatically withdraw funds from your designated bank account to pay for tuition, fees, camps, etc.

To enroll in this program, a parent must fill out the "ACH Authorization Agreement – Direct Payments" document (attached). This document specifies all the relevant information needed such as Bank Name, routing number and account number. Once set up, the monthly tuition payment will be processed on the 1<sup>st</sup> business day of the month (meaning this is the date the payment will be withdrawn from the designated bank account). The process is secure and encrypted every step of the way.

An additional \$.30 will also be withdrawn for each transaction processed. After the payment has been recorded in the Office Center software, the School Administrator will print a receipt for each family that requests it. This process for ACH payments can also be used for special camps during the school year (such as Christmas Camp and Spring Break camp) as well as for summer camps.

**Customer/Parent Form** – please fill out and return to center

**ACH Authorization Agreement – Direct Payments**

I hereby authorize the ACH Processor Payliance, in partnership with Emerging Technologies  
(software company initiating ACH transactions) on behalf of: St. Clement EPISCOPAL SCHOOL  
(school/ child care business/merchant's name)

to initiate reoccurring debit entries to my bank account indicated below for all tuitions charges,  
registrations, activities, fees & services, as agreed upon in: St. Clement EPISCOPAL School's  
(school/child care business /merchant's name)

polices & prices outlined in parent handout, (Please initial you have received handout)

\_\_\_\_\_  
(initial) ←

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of both State and U.S. law.

**CUSTOMER'S BANK INFORMATION**

Bank Name \_\_\_\_\_  
Branch \_\_\_\_\_ (if more than one in same city)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  
 Checking  Savings Account (select one)

This authorization is to remain in full force and effect until Payliance has received written notification from me (customer) via the merchant named above of its termination in such time and in such manner as to afford Payliance and all processing banks involved a reasonable opportunity to act on it, a minimum of 15 days. In addition, I also indemnify and hold the business merchant named above, Emerging Technologies, and Payliance harmless from damage, loss, or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Attach a Voided Check  
Here**

Routing Number      Account Number

⑆ 2222222222 ⑆ 000 111 555 ⑆ 1027