



THE VILLAGE CENTERS
Your Village. Our Community.

The Village Learning Center, Inc.

3946 Glade Valley Dr
Kingwood, TX
2813586172
ap@villagelac.org



CUSTOMER INFORMATION

Client Name: _____

Name _____

Email _____

Address _____

City _____

State _____ Zip code _____

Business Personal

PAYMENT INFORMATION

Amount _____

Frequency _____

Process date _____

No. of instalments _____

ACH TERMS

Authorization

I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

AUTHORIZATION

Please attach a void cheque or fill out account details

Routing no. _____

Account no. _____

Date _____

Max Auth Amount _____

Signature(s) _____

Checking Savings