



www.ScribblesCenterForLearning.com
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Dear Scribbles Families,

We offer an ACH payment option for our off-site programs at Benjamin and Pepper Ridge through a third-party vendor, ReliaFund, Inc. This system will require authorization from you on the attached form, as well as a "voided" check, and will set up automatic payments for you on a weekly basis based on your tuition charge. You will not be required to go in weekly to make a payment, the payment will simply be pulled from your account.

This process will be available to you as soon as we have your information processed so we would like to have the attached form returned to the center, Scribbles Center for Learning, Inc., as soon as possible, and no later than Friday, August 5th. This does require an annual authorization to verify we have valid account numbers as well as your permission. We cannot accept these forms or your payment at Benjamin or Pepper Ridge sites as the form will contain confidential information.

This on-line payment option is optional. If you choose not to use it, you can come to the center to make your payment, send a check through the mail or have your bank mail us a check to arrive by Monday's due date each week. This option is valid for the 2016-2017 school year only.

If you have any questions or concerns about this system, please feel free to call and speak to administration at the center, 309-665-0000.

Thank you,

Scribbles Administration



Thank you for agreeing to pay using Automatic Payment. Electronic payments save time and you will enjoy the convenience. Banking rules require your approval to collect weekly payments in this manner. The approval is active until you notify us to stop using Automatic Payment or the end of the school year.

Automatic Payment is safe, efficient, and consumer friendly. Banking laws protect consumers from someone taking money from your account in an unauthorized manner.

Please complete this form and return it so we can set up your Automatic Payment.

DIRECT PAYMENT AUTHORIZATION			
I hereby authorize _____ to initiate entries to my checking or savings account at the financial institution listed below. This authority will remain in effect until five days after I provide written notice to cancel it.			
_____ Your Name <i>(please print)</i>		_____ Bank or Credit Union Name	
_____ Your Address		_____ Bank or Credit Union Address	
_____ City	_____ State	_____ City	_____ State
_____ Zip		_____ Zip	
_____ Account Number <i>(see sample below)</i>		_____ Transit / ABA Number <i>(see sample below)</i>	
_____ Your Signature		_____ Today's Date	
<i>(Please attach a copy of a "Voided" check- deposit slips will not work)</i>			

Sample Check

