



Ke Kukui Foundation

Kaleinani O Ke Kukui Programs

Recurring ACH Payment Authorization

I, _____, authorize **Ke Kukui Foundation** to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of the United States law.

Terms of Billing

Initial

_____ The initial payment processed at the time of registration will be \$_____ + \$_____ to cover the first months tuition and registration fee.

_____ Starting on _____ and on the **1st** of each month for the amount of \$_____.

_____ There will be an additional annual re-registration fee of \$25 in March beginning 3/1/2021

_____ I may request to put a hold on account charges for up to (2) months in the case of medical leave or vacation. Requests to place a hold on my account must be sent to programs@kekukuifoundation.com one month before vacation and/or medical leave.

_____ All payments are non-refundable once they are processed.

Bank Information

Account Name _____

Account Number _____

Routing Number _____

Phone Number _____

Bank Account Type Checkings Savings Business Checking

This payment authorization is to remain in full effect until I, _____ notify **Ke Kukui Foundation** of its cancellation by sending written notice in such time and in such a manner to allow both **Ke Kukui Foundation** and receiving financial institution the opportunity to act on it.

Customer Printed Name

Customer Signature