Ke Kukui Foundation

Kaleinani O Ke Kukui Programs

ACH Payment Authorization

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

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

Terms of Billing

Initial

____ $105 will be processed at the time of enrollment for the 12-week session.

____ $105 will be processed on November 1, 2021.

____ Payments are non-refundable.

____ Payments will be processed regardless of attendance.

Bank Information

Name on Account _____

Account Number _____

Routing Number _____

Your 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 tuition the opportunity to act on it.

_____ _____

Customer Printed Name Customer Signature