

Montessori Children's School

714 Bates Street
Jacksonville, NC 28540
910-938-3826

Bank Draft/ACH Payment Authorization Form

Schedule your payments to be automatically drafted from your checking or savings account. Just complete and sign this form to get started!

Bank Draft/ACH Payments Will Make Your Life Easier:

- It's convenient (saving you time and adds convenience)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Bank Draft/ACH Payments Work:

You authorize regularly scheduled debits to your checking or savings account. Your account will be debited each billing period for the amount indicated on your enrollment contract. A billing statement will be emailed to you indicating the payment and the debit will appear on your bank account statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below and attach a voided check:

I _____ authorize **Montessori Children's School** to draft my
(print full name)
 checking account or savings account indicated below on the 15th of each month for payment of
(check which type of account)
my contracted tuition and fees.

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No. _____ Account No. _____

Billing Email: _____

******* ATTACH A VOIDED CHECK *******

Authorization Expiration Date: 5-30-2011

I authorize the above named business to initiate debit entries, if necessary, credit entries and adjustments for any debit entries to my account in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I understand that a \$25.00 fee will be charged on any payments not processed for insufficient funds or stop payments.

SIGNATURE _____

DATE _____