

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Dear Montessori Children's School:

As a duly authorized signer on the financial institution account below, I authorize Montessori Children's School to perform electronic funds transfer debits from my account, for \_\_\_\_\_, as follows:

\_\_\_\_\_   
 Print your child's name above

_____ recurring	On the 1 <sup>st</sup> of each month for _____ consecutive months beginning _____ 1 <sup>st</sup> 20__* in the amount of \$_____ each month until my financial obligation has been fulfilled.
<input type="checkbox"/>	I prefer to pay by credit card. (3% transaction fee applied per payment) Account # _____ Expiration Date: _____ Name on card _____ CVV Code _____ Billing Zip Code _____

\* Transaction will post on or after the date indicated

Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-sufficient or Uncollected Funds), I authorize Montessori Children's School to collect a returned fee of \$50.00 per item by electronic debit from the same account identified below and any past due balances INCLUDING CHILD CARE in excess of 30 days.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above.

**Authorizing Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**My Financial Institution is:** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Transit/ABA #** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

**Account #** \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**