CANTON MONTESSORI SCHOOL

Automatic Withdrawal Payment Agreement
Authorization Agreement for Automatic Withdrawal (ACH DEBITS)

COMPANY NAME: Canton Montessori School

I (we) hereby authorize Canton Montessori Association, hereinafter called COMPANY, to initiate debit entries to my (our)

_____Checking_____Savings Account   (select one)

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit to such account.

The information requested below can be found on your check (you may choose to attach a voided check)

PLEASE PRINT

Depository Name (Bank/Credit Union)_____

City:_____State:_____Zip:_____

TRANSIT ABA (Routing) NO._____ACCOUNT NO._____

Please debit my account for tuition made through the COMPANY on the dates below:

_____One monthly tuition payment on the 1st day of the invoice month

_____One monthly tuition split into 2 payments on the 1st & 15th day of the invoice month

Summer Program tuition payments are billed June 1st and July 1st.
School year tuition payments are billed August 1st through May 1st..

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your Child(ren)'s Name:_____Date:_____

Your Name:_____2nd Account Name:_____
                                                                            If joint account

Signed:_____Signed:_____
On a joint account both parties must sign

Social Security Number:_____Social Security Number:_____