

Montessori School of Wooster 2021-2022
DIRECT DEPOSIT (ACH CREDITS) AUTHORIZATION FORM

Please include a \$20.00 processing fee with this form. (This is an annual fee.)

Name: _____

Student Name: _____

I (we) hereby authorize Montessori School of Wooster, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic credit entries, and if necessary, debit entries to my account listed below.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City, State, Zip)

(Routing Number)

(Account Number)

Please circle one:

Checking Account

Savings Account

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

(Print Individual Name)

(Signature)

(Date)

Payments will be withdrawn on the 5th, 18th, or 30th of each month from Aug-May.

Please circle the date you wish to have your tuition withdrawn.

If you prefer to pay by semester, please let the office know.

ACH accounts are required for monthly payments.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

For office use only

Monthly Payment: _____