



**AUTHORIZATION AGREEMENT FOR ACH DEBITS**

*Return this form by July 30, 2010 to begin payments on August 5, 2010.*

**Montessori Children's Center Inc. d.b.a. The Montessori School of Winston-Salem  
ID: 56-1336266**

I (WE) hereby authorize The Montessori School of Winston-Salem debit entries and/or correction entries to our Checking Savings account (select one) as indicated below at the depository (Bank) named below, herein called DEPOSITORY, to credit the same such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Debits will be made on the 5th day of the month, or the first banking day thereafter.

Please attach a VOIDED check to this page.

**Name as it appears on Account** \_\_\_\_\_

**Depository (Bank) name** \_\_\_\_\_

**Bank Transit Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

\_\_\_\_\_ Please debit my account for the installment tuition payment and service fee according to Payment Option C on the School Tuition and Fee Schedule for 2010-2011.

*Please note that this applies to the installment payments between August 5, 2010 and April 5, 2011.*

\_\_\_\_\_ Please debit my account for the installment Before/After school payment according to Payment Option #2 on the Before/After School Program Contract for 2010-2011.

*Please note that this applies to the installment payments between August 5, 2010 and May 5, 2011.*

Child(1) \_\_\_\_\_ Child(2) \_\_\_\_\_

*Miscellaneous charges for supplies, field trips, back packs, etc. will need to be paid upon receipt by check, money order or cash.*

This authorization is to remain in full force until The Montessori School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Montessori School reasonable opportunity to act upon it.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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