

ACH Agreement for Montessori Academy at Belmont Greene

I, (we) hereby authorize Montessori Academy at Belmont Greene to initiate Debit entries from my (our) bank account for School Tuition for

_____.
(Child's name)

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

Account Title _____

Financial Institution Name _____

Routing Transit Number _____
9 digits (bottom left side of your check)

Account number _____

Checking _____ Savings _____

Monthly tuition payment amount \$ _____

Beginning _____ Ending _____

Late fee/NSF \$7.00 will apply to any returned checks.

I understand this authorization will remain in effect until I (we) provide Montessori Academy at Belmont Greene written notification terminating this authorization.

Signature(s) _____

Printed Name(s) _____

Today's Date _____

*Please complete one authorization form for each child.