

The Montessori School of the Mahoning Valley, Inc.

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

For Extended Care and other fees account

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. I (we) authorize The Montessori School of the Mahoning Valley, Inc. to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select type of account below

- ☐ Checking Account
- ☐ Savings Account

I (we) acknowledge that ACH transactions I (we) authorize comply with all applicable laws.

Bank Name _____

Routing Number _____

Account Number _____

Please include a voided check or bank provided proof of account ownership with this form.

Amount of debit will be equal to the amount of your monthly fees statement sent around the end of each month or the beginning of each month. If you perceive a discrepancy regarding the amount on your statement it is your responsibility to contact the office before the 7th of each month to insure that the correction is made before the ACH is scheduled otherwise the correction will be included in the following month's ACH. The ACH will be withdrawn effective the 10th of each month. If the 10th falls on a non-banking day then it will be on the following banking day.

Date(s) and/or frequency of debit(s): On the 10th of each month there is a balance on the account.

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Montessori School of the Mahoning Valley, Inc. in writing that I (we) wish to revoke this authorization. I (we) understand that The Montessori School of the Mahoning Valley, Inc. requires at least 7 days prior notice in order to cancel this authorization.

Name(s) _____

Date _____

Signature(s) _____