

The Montessori School

G R E A T B E G I N N I N G S L A S T A L I F E T I M E

Recurring Payment Plan Authorization Form

For your convenience, you may schedule payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started.

Here's how it works. You authorize a fixed monthly amount to be deducted on the 15th of the month. If the transfer results in an overpayment, the credit will be carried forward on your account and applied to future charges. If the transfer results in a balance due (underpayment), this can be paid by check. A receipt for payment will be provided on request. You will still receive a monthly statement. You agree that no prior notification will be provided. There is no additional fee for this service.

Please complete the information below:

I _____ authorize The Montessori School via Huntington Bank to withdraw _____ on the 15th of each month from the date of _____ through the date of _____ for payment of my tuition and fees.

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify TMS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that TMS will attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.