

ACH AUTHORIZATION AGREEMENT

To have your payments automatically deducted from your checking or savings account, please fill out this form. Return to our Business Office with your signed Tuition Payment Agreement (TPA). All deposits should be paid with a check, made payable to MSW and returned with your signed TPA. All future payments will be made via the method described below.

I hereby authorize Montessor such adjusting entries, either				iitiate debit entries or
CheckingSav	vings	account ind	licated below and the financia	l institution named
below to debit (or credit) the	same to such ac	ecount.		
FINANCIAL INSTITUTION	NAME	CITY	STATE	
TRANSIT/ROUTING NUMBER			ACCOUNT NUMBER	
This authority is to remain in termination in such time and				
NAME			EMAIL ADDRESS	
SIGNATURE			DATE	

All invoiced amounts due Montessori School of Westminster by you will be deducted from your designated account on the first of each month. If the first is a Sunday or a holiday, the money will be debited from the account on the next business day. This authorization will remain in effect until Montessori School of Westminster has received written notification of termination. In the event the amount due on the date of the automatic debit is not available in the designated account, a fee of \$35.00 will be charged to the account.

Exploring, inspiring and learning since 1974