

ACH Debit Authorization Form

Parent/Payee Information			
Parent/Payee Name		Student Name	
Daytime Phone	Cell Phone	Parent/Payee Email Address	
Authorize North Little Rock Montessori School to initiate a charge to my (choose one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		Effective Start Date	Last Payment Date
Type of Payment <input type="checkbox"/> Recurring Payment <input type="checkbox"/> One Time Only		Dollar Amount \$	Debit Date 1 st of each month
Financial Institution being debited			
Name of Financial Institution		Institution City	Institution State
Financial Institution 9 Digit Routing Number ____/____/____/____/____/____/____/____/____			
Account Number to Debit ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____			

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

I hereby authorize Central Arkansas Montessori, Inc. to initiate a debit entry at the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. This authority will remain in effect until Cental Arkansas Montessori, Inc. is notified by me to cancel it in such time as to afford Central Arkansas Montessori, Inc. and Financial Institution a reasonable opportunity to act on it.

I understand that funds must be available in my account on the designated debit date or I may be charged an NSF fee.

Print/Type Individual Name
Signature
Date