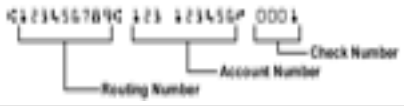


# EFT AUTHORIZATION FORM

Cathedral Hill Montessori School 2017-2018

Child's Name: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>ES16958</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____ <b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change account information <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State      Zip
Email Address		
<b>MONTHLY PAYMENT:</b> Date for monthly withdrawal (please check one): <input type="checkbox"/> 1st <input type="checkbox"/> 5th		
<b>Date of first payment:</b> ____/____/____ <b>Monthly Tuition Amount:</b> \$ _____		
<b>TUITION STATEMENTS:</b> <input type="checkbox"/> Yearly Statement <input type="checkbox"/> Monthly Statement <input type="checkbox"/> Both		
<b>ANNUAL FUND CONTRIBUTION (optional):</b> <input type="checkbox"/> \$5.00/month <input type="checkbox"/> \$10.00/month <input type="checkbox"/> Other amount: \$ _____ .00/month		
<b>CHECKING / SAVINGS</b>	Please debit my payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) <input type="checkbox"/> Account on file (returning students)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____	

***If using a checking account, please attach a voided check to the bottom of this page.***