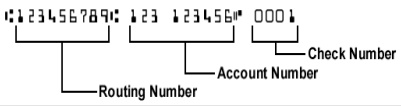


EFT AUTHORIZATION FORM

Cathedral Hill Montessori School 2019-2020

Child's Name: _____

FOR OFFICE USE ONLY	ES16958	DATE
Effective date of authorization: ____/____/____ Type of authorization: <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		
MONTHLY PAYMENT: Date for monthly withdrawal (please check one): <input type="checkbox"/> 1st <input type="checkbox"/> 5th		
Date of first payment: ____/____/____ Monthly Tuition Amount: \$ _____		
TUITION STATEMENTS: <input type="checkbox"/> Yearly Statement <input type="checkbox"/> Monthly Statement <input type="checkbox"/> Both		
ANNUAL FUND CONTRIBUTION (optional): <input type="checkbox"/> \$5.00/month <input type="checkbox"/> \$10.00/month <input type="checkbox"/> Other amount: \$ _____ .00/month		
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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.