



ACH Debit Authorization Form

As an authorized signor on the Depository Account presented, by completing and signing this form you give Children's Garden Montessori School (Children's Garden) permission to charge/debit your account for fees and tuition installments on or after the indicated date. This authorization is to remain in full force and effect while my child/children is enrolled in Children's Garden or until Children's Garden has received written notification from me of its termination. *

I _____ authorize Children's Garden to charge/debit account indicated below for fees and tuition installments per the current Enrollment and Tuition Contract on the 5th, or next business day after, of the month.

Bank _____ Routing # _____ Account # _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
--	--

I acknowledge that a Non-Sufficient Funds (NSF) fee, as determined by any bank fees charged, will be added in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Children's Garden to charge/debit the account indicated the amount of these fees, if any, determined by the bank. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

*I, _____ hereby **Revoke my Authorization** for the charge/debit to the account. I understand that at least three days prior to the scheduled settlement date notice must be given. I understand that tuition and fees must be current for my child/children to attend Children's Garden Montessori School.