

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize Charles Towne Montessori, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my (our) ___ Checking , ___ Savings Account (select one) indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME CITY STATE

TRANSIT/ROUTING NUMBER ACCOUNT NUMBER

I understand that this authorization will be in effect until I notify Charles Towne Montessori in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

NAME

SOCIAL SECURITY NUMBER

SIGNATURE DATE

EMAIL ADDRESS

Please Attach A Voided Check