

## **ACH Recurring Payment Authorization Form**

Schedule your payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

## Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

## Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged for the amount you owe each billing period. The charge will appear on your bank statement as an "ACH Debit." You will receive a statement from us at least 10 days prior to the payment being collected, showing your current balance.

- 1. Complete the form below. If your account is a joint account both account holders must sign this form.
- 2. Attach a voided, unsigned check to the form.
- 3. Return the original form and the voided check to Alexander Graham Bell Montessori School
- 4. Retain a copy of this form for your files.

I (we) hereby authorize	, to initiate debit entries (and appre	opriate credit and
adjustment entries) to my (our) Chec	king Account or Savings Account (select	one) indicated
below at the depository financial insti	itution named below. I (we) acknowledge	e that the origination
	ount must comply with the provisions of U	
or real numbers and to my (our) were	value in the company with the provisions of	
Account Type: Checking	Savings	
Name on Acct		
Bank Name	Routing Number A	Account Number
Account Number		00 111 5550 1027
Bank Routing #		CONTRACTOR OF THE PARTY OF THE
Bank City/State		
	force and effect until Alexander Graham I	
	n me (or either of us) of its termination in	
	raham Bell Montessori School and the dep	pository bank a
reasonable opportunity to act on it.		
Name(s)(printed)		
Date	-	
Signature	Signature	
Alexander Graham Bell Montessori	9300 Capitol Drive	Wheeling, IL 60090