



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 appropriate credit and adjustment entries) to my (our) Checking Account or Savings Account (select one) indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Type:	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	

The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 102?' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

This authorization is to remain in full force and effect until [Alexander Graham Bell Montessori School](#) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the [Alexander Graham Bell Montessori School](#) and the depository bank a reasonable opportunity to act on it.

Name(s)(printed) _____

Date _____

Signature _____ Signature _____