

Student Name \_\_\_\_\_



### Electronic Debit / Draft Authorization Form

I authorize Bristow Montessori School to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

#### Terms of Billing

\$\_\_\_\_\_ monthly, starting on \_\_\_\_\_ and on the 1st of each month following through \_\_\_\_\_.

#### Bank Information

Bank ABA/Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

This payment authorization is to remain in full force and effect until I, \_\_\_\_\_ notify Bristow Montessori School of its cancellation by sending written notice in such time and in such manner to allow both Bristow Montessori School and receiving financial institution a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_