

Credit/Debit Auto-Pay Authorization



Please complete this form if you would like to pay your monthly bill via **monthly automatic credit or debit card payments**. A \$5.00 convenience fee will apply per transaction.

If you would like to pay your monthly bill via Electronic Funds Transfer (EFT) from a bank account, please complete the form on the back. EFT payments are FREE! 😊

Monthly charges will be processed on the first of each month. Billing statements are distributed at least one week prior. **You may cancel automatic billing at any time. The office will terminate any automatic billing upon unenrollment or account settlement.**

Child/Children's Name/s: _____

Start billing on: _____ or Immediately

Credit/Debit Card Information (required)

Credit/Debit Card Type: Visa MasterCard Discover

Credit/Debit Card Number _____

CCV# (3 digits above signature line) _____ Expiration Date _____ / _____

Cardholder Name (as shown on card) _____

Credit/Debit Card Billing Address:

Street/PO Box _____

City/State/Zip _____

Cardholder's Signature _____ Date _____

If you would like to pay your monthly bill via Electronic Funds Transfer (EFT) from a bank account, please complete the form on the back. _____➔

Electronic Debit Authorization-EFT

Please fill out and return with a voided check from your checkbook

I authorize you and the financial institution listed below to initiate electronic entry from my Checking Account or Savings Account (Please check one). This authority will remain in effect until I have canceled it in writing.

- I realize the day of the month may differ & authorize you and the financial institution to initiate electronic entry to my account _____ (Please initial)

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Woodland Montessori School _____

Company Name

Financial Institution

Name (please print)

City/State

Signature

Account Number

Date

Routing and Transit Number

I understand the company will provide me with an invoice at least 10 days prior to any transaction.

____ I understand that the above company may initiate a reversal of any entry made under this agreement (Initial) if an error has been made. I understand that the financial institution at which I have the above account is required to provide me the procedures for resolving errors on entries made under this agreement. I understand that the company will provide a written notice to me of the error within 24 hours.

Attach Voided Check Here

Automatic Credit/Debit Card Authorization form 