



For Office Use Program(s): 10-Month 12-Month

QB Amount: _____ First Debit Date: _____

ACH Automatic Tuition Withdrawal Authorization Via EFT

I hereby authorize Anchorage Montessori School (AMS) to initiate debit entries for tuition and fees currently due from the account indicated below and the financial institution named below to debit (withdraw) the same from the account. I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.

Type of account: _____ Checking* _____ Savings

Please withdraw tuition on the: _____ 5th of Month OR _____ 20th of Month

I understand tuition is billed 30 days in advance and will debit on the date selected above (20th – 10 days before the due date and 5th – 5 days after the due date). In addition, there are a few times over the school year that tuition may be withdrawn after the date selected. You will be notified via email of the debit date. Tuition will never be withdrawn prior to the date selected above.

Invoices are emailed about a week prior to the debit date. It may be tagged as spam. Please check your spam folder or add: accounting@anchagemontessorischool.org to your address book.

Debit Tuition/ Fees for: _____

List name of Student(s)

Preferred Email for payment notification: _____

Complete this portion only if you are not attaching a voided check below

Name(s) as they appear on account: _____

Financial Institution Name: _____

Routing Number

Account Number

This authority is to remain in full force and effect until AMS has received written notification from me of its termination. I understand a fee of \$25 will be charged for all returned transactions.

Signature of authorized signer on banking account

Date

PLEASE ATTACH A VOIDED CHECK BELOW