

**ACH Agreement for Montessori Academy at Belmont Greene**

I, (we) hereby authorize Montessori Academy at Belmont Greene to initiate Debit entries from my (our) bank account for School Tuition for

\_\_\_\_\_.  
(Child's name)

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Account Title \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Transit Number \_\_\_\_\_  
9 digits (bottom left side of your check)

Account number \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Monthly tuition payment amount \$ \_\_\_\_\_

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Late fee/NSF \$7.00 will apply to any returned checks.

I understand this authorization will remain in effect until I (we) provide Montessori Academy at Belmont Greene written notification terminating this authorization.

Signature(s) \_\_\_\_\_

Printed Name(s) \_\_\_\_\_

Today's Date \_\_\_\_\_

\*Please complete one authorization form for each child.