



CLEAR LAKE MONTESSORI SCHOOL

ACH PAYMENT AUTHORIZATION FORM

Parent/Guardian Information

Name(s): _____

Student Name(s): _____

Phone Number: _____

Email Address: _____

Bank Account Information

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type:

Checking Savings

Authorization Details

I (we) hereby authorize **Clear Lake Montessori School** to initiate automatic withdrawals (ACH debits) from the account listed above for the purpose of:

Monthly Tuition

Registration or Supply Fees

Other School-Approved Charges (please specify): _____

Withdrawals will occur on or around the **first** of each month unless otherwise noted.

For bi-monthly payments, withdrawals will occur on the **1st and the 16th** of each month.

Please attach a voided check along with this form.



Authorization Terms

I (we) understand that:

- This authorization will remain in effect until I notify Clear Lake Montessori School in writing at least **30 business days** before the next scheduled debit.
- Returned or failed payments due to insufficient funds will result in additional fees of \$55.
- It is my responsibility to ensure sufficient funds are available at the time of withdrawal.
- CLMS reserves the right to suspend or terminate this agreement if payments are repeatedly unsuccessful.
- I may request a copy of each ACH transaction and will be notified of any changes in charges in advance.

Signature & Consent

By signing below, I confirm that I am the authorized account holder and have read, understood, and agreed to the terms listed above.

Signature: _____

Date: _____

Printed Name: _____