



## 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 **1<sup>st</sup> and the 16<sup>th</sup>** 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:** \_\_\_\_\_