



E- Check Authorization Form

I authorize Rainbow Montessori School to initiate either an electronic debit or to credit and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

Child/ Children's Name: _____

Terms of Billing (TUITION - BSC - ASC)

_____ Starting on the **FIRST of the month** and subsequently debited the **1ST** of each month for the amount of \$_____ and/or the amount owed to RMS as billed/stated in the detailed invoice/tuition contract respectively.

_____ Starting on the **FIFTEENTH of the month** and subsequently debited the **15th** of each month for the amount of \$_____ and/or the amount owed to RMS as billed/stated in the detailed invoice/ tuition contract respectively.

Bank Information **(a voided check must be attached)**

Bank ABA Routing number: _____

Bank Account Number: _____

Bank Account Type: _____

This payment authorization is to remain in full force and effect until I, _____ notify Rainbow Montessori School of its cancelation by sending written notice in such time and in such manner to allow both Rainbow Montessori School and the receiving financial institution a reasonable opportunity to act on it.

Signature

Printed Name

Date Signed

Day Time Phone Number / E-mail address

2017