

# The Montessori Schools of Central Texas

## Bank Draft Form

The Montessori Schools of Central Texas participates in a payment plan that allows your monthly tuition and optional enrichment classes to be paid electronically for you by your bank or credit union.

Since electronic tuition payments will go a long way towards helping keep our administrative costs down, we use bank drafts for automatic payments of monthly tuition and enrichment classes. Each month your bank will pay your tuition and enrichment class payments automatically at no additional charge. All monthly tuition and enrichment class payments are processed in this manner. Please complete and sign the form below to activate your automatic payment.

I authorize The Montessori Schools of Central Texas to debit the account indicated below on the 2<sup>nd</sup> day of each month or the next business day if on weekend or holiday for appropriate monthly charges, based on the charge information provided to The Montessori Schools of Central Texas. The first draft will be on \_\_\_\_\_.

This authorization is to remain in effect until either The Montessori Schools of Central Texas or DEPOSITORY has received written notification from me of its termination in such time, and in such manner, to afford The Montessori Schools of Central Texas and DEPOSITORY, a reasonable opportunity to act on it prior to charging the account. After the account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I send written notice of such debit entry in error to DEPOSITORY within fifteen (15) days following issuance of the account statement or forty-five (45) days after posting, whichever occurs first.



If using a previous, current bank draft on file, please check this box, sign and print your name, and date. No further action is needed.

**A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED**

Type of account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Monthly amount to be deducted: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_