



The Brandon  
Montessori School

The Riverview  
Montessori School

The SouthShore  
Montessori School

## Authorization for Direct Payment via ACH

Student's Name:

School Year:

Bank information for individual

Campus Location:

Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Depository Bank Name	
Legal Name(s) on bank account		Branch Name	
Individual's account number		Bank Routing Number for ACH items	

### Transaction Details

Date of month transaction will process <sup>1</sup>	1st	Frequency <input checked="" type="checkbox"/> Monthly
<sup>1</sup> the charge will be processed on the day above each month unless the day falls on a weekend or bank holiday. In that case the charge will process the following banking day.		
Tuition Amount + \$2 processing fee	Total \$	*Tuition amount could change if child's program changes

I understand that this authorization will remain in effect until I notify the RMR Montessori LLC et al. in writing at the location where my student is enrolled. I understand I need to request changes at least 5 business days in advance of the reoccurring date for the transaction to be changed or canceled.

My signature below affirms that I am an authorized signer on the bank account listed above and that I am solely responsible for making sure I provide RMR Montessori LLC et al. the CORRECT ACH INSTRUCTIONS as provided by my bank. If for some reason my payment is returned for any reason, I will be subject to a return fee of \$35.00.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_