

Automatic Withdraw Authorization Form

CHILD'S NAME _____

I hereby authorize _____
(Print name of your bank or financial institution)

to make my periodic payments on my behalf from the checking, savings or credit card account listed below and transfer it to **Montessori in Motion**.

CHOOSE ONE:

- Checking Account Transfer
(Voided check must be attached.)
- Savings Account Transfer
(Slip from bank showing account number and bank routing number must be attached.)
- Credit Card Payment
(File out information below.)

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Name on card: _____
Account number: _____
Exp. Date: ____ / ____

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or discontinue this service, I will notify **Montessori in Motion** in writing.

Name _____

Address _____

City/State/Zip _____

Signature _____

Date _____

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