

## 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.)

Visa     MasterCard

Name on card: \_\_\_\_\_

Account number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_    CVV: \_\_\_\_\_

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 \_\_\_\_\_



**Montessori in Motion**

253-565-3080

7323 - 27th Street, W • University Place, WA 98466-4605

Rev. 08/03/17

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