Montessori School of Wooster 2026-2027
DIRECT DEPOSIT (ACH CREDITS) AUTHORIZATION FORM

Name: _____

Student Name: _____

I (we) hereby authorize Montessori School of Wooster, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic credit entries, and if necessary, debit entries to my account listed below.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____
(Financial Institution Name) (Branch)

_____ _____
(Address) (City, State, Zip)

_____ _____
(Routing Number) (Account Number)

Please circle one:

Checking Account Savings Account

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

_____ _____
(Print Individual Name) (Signature)

_____
(Date)

Payments will be withdrawn on the 5th of each month from June-May or Aug-May.
Please circle the range of months (10 or 12 mo.) you wish to have your tuition withdrawn.

If you prefer to pay by semester, please let the office know.
ACH accounts are required for monthly payments.
PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

For office use only

Monthly Payment: _____