



2021-2022 Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account or charged to your credit card through Sandbox/Authorize.net.

Automatic Payments Will Make Your Life Easier:

It's convenient (saving you time and checks). Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled (or one-time) charges to your checking or savings account or credit card.

You will be charged on the 1st of the month the amount indicated on your Tuition Contract and on the 15th of the month the amount indicated on your Enrichment Contract (if applicable). The charge will appear on your bank or credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notices from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize Sandbox/Authorize.net to charge my **bank account / credit card (circle one)** indicated below on the 1st of each month for payment of my child's _____ **Classroom Tuition contract.**

I, _____ authorize Sandbox/Authorize.net to charge my **bank account / credit card (circle one)** indicated below on the 15th of each month for payment of my child's _____ **Enrichment contract.**

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type: CHECKING SAVINGS CREDIT CARD (Discover not accepted)

Name on Account: _____

Bank Name or Credit Card Type: _____

Account Number: _____ Credit Card Exp.: _____

Bank Routing Number: _____ Credit Card Verification Code: _____

Bank City / State: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Montessori Center Room in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, These funds may be withdrawn from my account a soon as the above noted periodic transaction dates, In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that Montessori Center Room may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Parent Signature _____ Date: _____