



AUTHORIZATION AGREEMENT FOR BANK ACCOUNT OR CREDIT CARD CHARGES

CHILD(REN) NAME(S): _____

I (We) hereby authorize CIMC, Inc. dba IvyCrest Montessori Private School to initiate charges against my (our) credit card account (Section A) **OR** checking or savings account (Section B) indicated below for my (our) child(ren)'s tuition and fees on the 20th of each month.

I (We) understand and agree that a \$35.00 non-sufficient fund (NSF) fee can occur when I (we) don't have enough money in my (our) checking or savings account to cover the entire transaction. I (we) also understand and agree that a \$35.00 reprocessing fee will be charged to my (our) account if my (our) credit card is declined.

This Authorization Agreement for Bank Account or Credit Card Charges is to remain in full force and effect until all payments due to IvyCrest Montessori Private School under the terms of the Enrollment Contract have been made or until IvyCrest Montessori Private School has received two (2) months written notice from me (us) of its termination after choosing a new payment method. This shall be done in such a manner as to afford IvyCrest Montessori Private School reasonable time to act upon it and to continue payments due to IvyCrest Montessori Private School on a timely basis.

I (We) acknowledge that I (we) have read and understand the Authorization Agreement for Bank Account or Credit Card Charges of CIMC, Inc. dba IvyCrest Montessori Private School. I agree that my signature constitutes full acceptance of all payments and terms stated in this Authorization Agreement for Bank Account or Credit Card Charges.

COMPLETE ONE (1) SECTION ONLY

SECTION A (CREDIT CARD: VISA OR MASTERCARD ONLY) ALL CREDIT CARD TRANSACTIONS ARE SUBJECT TO A 3% PROCESSING FEE.

CARDHOLDER NAME		PHONE #	
CARDHOLDER ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER		EXPIRATION DATE	
CARDHOLDER SIGNATURE		DATE	

SECTION B (BANK ACCOUNT: CHECKING OR SAVINGS)

CREDIT UNION MEMBERS: PLEASE CONTACT YOUR CREDIT UNION TO VERIFY ACCOUNT AND ROUTING NUMBERS FOR AUTOMATIC PAYMENTS.

ACCOUNT HOLDER NAME		PHONE #	
ACCOUNT HOLDER ADDRESS	CITY	STATE	ZIP CODE
BANK OR CREDIT UNION NAME			
BANK OR CREDIT UNION ADDRESS	CITY	STATE	ZIP CODE
ROUTING TRANSIT NUMBER (SEE SAMPLE BELOW)		ACCOUNT NUMBER (SEE SAMPLE BELOW)	
ACCOUNT HOLDER SIGNATURE		DATE	

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-555	00226
Pay to the order of: <u>Attach Voided Check Here</u>	\$ <input type="text"/>	
Deposit slips not accepted _____ Dollars		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Routing Number	Account Number	Check Number

**REQUIRED FOR SECTION B
PLEASE ATTACH A
VOIDED CHECK**

FOR OFFICIAL USE ONLY	
_____ DATE RECEIVED	
_____ EMPLOYEE SIGNATURE	