



AUTHORIZATION AGREEMENT FOR BANK ACCOUNT CHARGES

CHILD(REN) NAME(S): _____ EFFECTIVE DATE: _____

I (We) hereby authorize The Power of 3, Inc. dba IvyCrest Montessori to initiate charges against my (our) checking or savings account 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.

This Authorization Agreement for Bank Account Charges is to remain in full force and effect until all payments due to IvyCrest Montessori under the terms of the Enrollment Contract have been made or until IvyCrest Montessori 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 reasonable time to act upon it and to continue payments due to IvyCrest Montessori on a timely basis.

I (We) acknowledge that I (we) have read and understand the Authorization Agreement for Bank Account Charges of The Power of 3, Inc. dba IvyCrest Montessori. I agree that my signature constitutes full acceptance of all payments and terms stated in this Authorization Agreement for Bank Account Charges.

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
PLEASE ATTACH A
VOIDED CHECK

FOR OFFICIAL USE ONLY

DATE RECEIVED

EMPLOYEE SIGNATURE