



Authorization Form for Automatic Withdrawal

Name: _____ Child's Name: _____

Bank Name: _____ Checking account? yes ____ no ____

Routing #: _____ Account #: _____

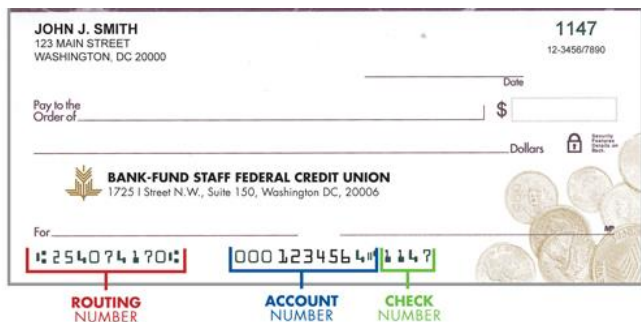
Your email address for bank communication (please print clearly):

New Authorization - I authorize and request Central Kitsap Montessori, Inc. to withdraw the monthly tuition amount automatically, on the first banking day of every month during the school year. I may terminate this agreement at any time by completing the cancellation portion of this form.

Change Authorization – I authorize and request Central Kitsap Montessori, Inc. to make the automatic payment changes indicated above.

Cancellation Statement - I authorize and request Central Kitsap Montessori, Inc. to terminate my authorized withdrawal.

Signature: _____ Date: _____



If you do not have checks - Your debit card is based (usually) on a checking account whether you actually have a formal checking account or not. The bank that issued your card has a routing and checking acct number assigned to it. Login to your account to find the routing and checking account numbers assigned to your debit / checking account. When in doubt, call your bank's customer service hotline.

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