



The Children's House
An Independent Montessori School

5363 North Long Lake Road, Traverse City, MI 49684, 231-929-9325

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER
(Required for monthly payment plans)

I, _____, authorize my bank to make payment by the method indicated below, and post it to my account.

- CHECKING (note: attach a voided check for checking account authorization)
- MASTERCARD
- VISA

Name on the account _____

Account number _____

Expiration Date ____/____

V-Code _____ (Last three digits located on the back of your card.)

I understand that I am in full control of my payment, and if at any time I decide to make changes or discontinue the EFT service, I will call or write the school.

BANK NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE _____ SIGNATURE _____

- Tuition plan payments will be transferred on the 10th day of the month specified in the tuition contract.
- All additional childcare and/or lunch costs will also be deducted on the 10th day of the month they are due.
- Account balances are available from the business office on the first day of each month prior to the funds transfer.
- An insufficient funds charge of \$20.00 will be assessed on all accounts incurring returned EFT payments.

Attach voided check here.
