



ACH Payment Authorization Form

I, the undersigned, authorize Fields of Green Montessori School to charge my bank account for services rendered. With this signature, I fully recognize and agree to the payment terms of this order.

Amount to be charged: _____ in U.S. Dollars

Payment type: One time Recurring

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Routing Number

222222222 000 111 555 1027

**Signature: _____ Date: _____

**Phone Number: _____

**Drivers License Number: _____ State: _____

**E-Mail: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fields of Green Montessori School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Fields of Green Montessori School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 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.

Thank you

**Required Information