



SPRINGFIELD MONTESSORI SCHOOL

2024-2025 ACH AUTHORIZATION FOR DIRECT DEPOSITS

I (we) hereby authorize **SPRINGFIELD MONTESSORI SCHOOL**, hereinafter called COMPANY, to initiate debit entries, credit entries and adjustments for any entries in error to my (our) Checking Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account during the time in which my child(ren) are under contract. I (we) agree that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

CAMPUS: WALNUT CREEK DUBLIN

Financial Institution _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. The Tuition amount which COMPANY will debit from my/our account is the amount & terms agreed upon in the child's signed Enrollment Contract, Registration Application and or any subsequent Tuition Change Forms. ACH will also be used for Childcare services rendered and or Late Fees / Returned ACH Fees incurred per the discretion of COMPANY.

Date of ACH Commencement: _____

Student Name _____
(Please Print)

Account Holder Name _____
(Please Print)

Account Holder Signature _____ Date _____

**** A VOIDED CHECK OR BANKING DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM ****

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REV 1/2024