

# DIRECT WITHDRAWAL AUTHORIZATION FORM

I hereby authorize Salina Montessori School, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments to any debit entry in error to my (our) account indicated below at the Financial Institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority 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 DEPOSITORY a reasonable opportunity to act on it.

Date	Name on the Account (Print)
Student Name/Family Name	Financial Institution Name
Financial Institution Address	Financial Institution Account Number
Email address associated with account	

**Signature** \_\_\_\_\_

**CHECK ONE:**

I am not currently participating in the Direct Debit Program  
 ADD- Deposit my pay to account \*

I am currently participating in the Direct Debit Program  
 CHANGE - Change my Financial Institution and/or Account Number.\*  
 CANCEL - Stop my participation in the program

\*Due to the time required for Company and bank processing, allow one or two periods for processing.

CHECK TYPE OF ACCOUNT:  CHECKING  SAVINGS

PLEASE TAPE A VOIDED CHECK HERE

**Draft will occur on the 1<sup>st</sup> day of the month.**

**\*NSF charge is \$25**

**\*Parents/Guardians who wish to cancel their child's/children's enrollment must do so by written notice to Sherry Krehbiel, 1312 McAdams Road no later than July 31 of the year currently enrolled. Failure to do so will result in 1 (one) month school fees. This form is an agreement to the Salina Montessori School cancellation policy.**

Please notify me if your bank or your account number change: Mary Thompson—[jthompson210@cox.net](mailto:jthompson210@cox.net)