

2016/2017 TUITION PAYMENT OPTION

Children's Name: _____

Parent's Name: _____

Please select a payment option for the 2016-2017 school year:

_____ Annual Payment on August 15, 2016

_____ Tri-Payment on August 15, 2016, December 1, 2016 & March 1, 2017

_____ 9 Month Payment – beginning Sept. 1, 2016 & ending May 1, 2017

_____ 10 Month Payment – beginning September 1, 2016 & ending June 1, 2017

_____ Tuition Express Payment Authorization

_____ Change in Bank Account Info

_____ Change in Monthly Tuition Amount

Account Holder Name (if different than family/child's name): _____

Signature

Date

(COMPLETE THIS PORTION ONLY IF NOT ALREADY ENROLLED IN TUITION EXPRESS)

Electronic Funds Transfer Authorization

It is understood that (1) tuition will be debited on the 1st day of each month and (2) if the bank account information or tuition listed below changes for any reason, a new authorization form must be completed. I/we hereby authorize Bay Montessori School to initiate debit entries to my/our account. I (we) authorize Center to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender Tuition Express to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your name

Phone #

DEPOSITORY – Bank or Credit Union Name

Address

Bank or Credit Union Address

City

State Zip

City

State Zip

Routing Transit Number (First set of #'s on left of check)

Account Number

Type: ___ Checking ___ Savings

(Please attach a copy of a voided check below – deposit slips not accepted)

OFFICE USE ONLY:

PAYMENT RECEIVED:

TOTAL MONTHLY DEBIT AMOUNT: _____

REGISTRATION FEE _____

CHECK # _____