



Authorization From  
for  
Automatic Withdrawal

NAME (Please Print): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_ TYPE (i.e. Chk/Sav): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**New Authorization** - I authorize and request Central Kitsap Montessori, Inc. to withdraw the monthly tuition amount automatically, on the first banking day of every month during the school year. I may terminate this agreement at any time by completing the cancellation portion of this form.

**Change Authorization** – I authorize and request Central Kitsap Montessori, Inc. to make the automatic payment changes indicated above.

**Cancellation Statement** - I authorize and request Central Kitsap Montessori, Inc. to terminate my authorized withdrawal.

SIGNATURE: \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

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**ATTACH VOIDED CHECK HERE**