



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.

Email Address: _____

SIGNATURE: _____ DATE SIGNED _____

ATTACH VOIDED CHECK HERE