

RECURRING PAYMENT AUTHORIZATION FORM



2021 Summer

2021-22 School Year

Both

Schedule your tuition payments to be automatically deducted from your checking, savings, or credit card (Visa, MasterCard, or Discover) account. Complete this form and return it to Tuition@AlphaMontessoriKC.com or to the Alpha Montessori School office. Thank you!

By completing and signing this form, I authorize regularly scheduled charges to my bank or credit card account as directed below. I understand the amount to be withdrawn from the account below is based on the billing period selected for the services requested on my application.

I also acknowledge that no prior notification will be provided unless the date or amount changes, in which case I expect to receive notice from Alpha Montessori School at least 10 days prior to the payment being processed and collected.

I, _____ authorize Alpha Montessori to process a one-time _____ or recurring payment(s) in the amount of \$ _____ (frequency) one-time _____ twice a semester _____ monthly _____

For monthly payments, please select a date: 15th _____ 20th _____ 25th _____ on the account indicated below.

Special Instructions:

Billing Address _____

Phone # _____

City _____

State _____

Zip code _____

Email address(s) to receive receipts: _____

BANK ACCOUNT ACH Transaction	
Checking	Savings
Name _____ as it appears on the account	
Account # _____	
Bank Routing # _____	- -
Bank Name _____	

CREDIT CARD		
Visa	MasterCard	Discover
Name _____ as it appears on the account	-	-
	16-digit Card # _____	
Expiration Date _____		CVV _____
Zip Code _____		

I understand that when a payment date falls on a weekend or holiday, the payment may be executed on the previous business day.

I understand this authorization will remain in effect until the current school term is paid in full or if I notify Alpha Montessori School via written notice, at least 15 days prior to the next billing date of any changes to my account information or my desire to terminate this recurring payment authorization.

I understand any payment returned for non-payment, Alpha Montessori School may attempt to process the payment again within 30 days, and I agree to pay a \$50 fee for each returned item initiated as a separate transaction from the authorized financial institution.

I acknowledge the origination of ACH and credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of the above bank or credit card account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____

Date _____

Please email this form to:
Tuition@AlphaMontessoriKC.com