

Step By Step Montessori Schools, Inc

Electronic Funds Transfer Authorization Form

Corporate Office: 4355 Highway 169, Plymouth 55442

Phone: 763.557.6777

Please check the a	appropriate bo	X							
New authorization		☐ ACCOUNT/CARD UPDATE				CANCEL (EFF DATE/)			
Please select the school your child attends									
BROOKLYN PARK	CHASKA CORC	oran 🗌 Map	LE GROVI	E PLY	моитн 🗌	SOUTHDALE	ST ANTHOR	NY 🗌 WA	YZATA
Please complete the following information for the payer as it appears on your statement									
CARDHOLDER NAME					CHILD'S NAME				
ADDRESS									
CITY/STATE					ZIP				
CARD NUMBER LAST 4 DIGITS ONLY	xxxx-xxxx-xxxx				EXP DATE				
I hereby authorize to make my payments on my behalf Print name of your financial institution									
from my checking, savings or credit card account and transfer it to Step By Step Montessori Schools. I understand that I am in full control of my payment, and if at any time I decide to make changes or discontinue this service I will notify Step By Step Montessori Schools. Debits are made close to the fifth business day of the month. A 1% convenience fee will be added to all debit/credit card transactions.									
Signature:					Date:				
Please complete section below and attach a voided check									
Account Type:									
☐ Visa ☐ MasterCard		Discover			Checking Acct		☐ Savings Acct		
Routing Number (for checking/savings a	ccounts)								
Checking/Savings Account Number									
Credit Card Number (If using debit card, please provide checking account information)									
Expiration Date - M (for credit cards)					CVV Number (3 digit code on back)				

Step By Step Montessori does not retain paper copies of card/bank account information. Any discrepancies are resolved via credits to your next billing statement