



Greenwood Montessori Children's House

622 North Madison Avenue

Greenwood, IN 46142

317-289-1962

ACH Authorization Form

I (we) hereby authorize **Greenwood Montessori Children's House, LLC** (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such a time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) also understand that if the payment by automatic withdrawal from my designated account cannot be made due to insufficient funds, the closure, change, or inaccessibility of the account without prior notice, a fee of \$20.00 for each failed attempt

(Name of Financial Institution)

(Address of Financial Institution- Branch, City, State, & Zip Code)

(Signature)

(Date)

(Name- PLEASE PRINT)

(Address- PLEASE PRINT)

Set Amount: _____ to be drafted on the **1st of each month from Aug 2020 - May 2021**

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located at the bottom of your check as follows:

286582805	0123456789	0101
ROUTING	ACCOUNT	CHECK