

## ATTACH VOIDED CHECK TO THIS FORM

We are pleased to be able to offer you a convenient service – the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write
- It helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- No lost or misplaced statements; your payment is always on time
- It is easy to sign up for and easy to cancel

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments from your checking or savings account, then just sit back and relax. Your payments will be made automatically on the specified day. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify via your statement. To take advantage of this service, complete the form below.

### AUTHORIZATION FOR DIRECT PAYMENT

I authorize **Northfield Montessori** to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION

BRANCH

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME – PLEASE PRINT

ADDRESS – PLEASE PRINT

☐ CHECKING    ☐ SAVINGS

ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_

(BETWEEN THESE SYMBOLS :: ON THE BOTTOM LEFT OF YOUR CHECK)

Please choose one:

- ☐ WITHDRAW FULL AMOUNT ON THE 1<sup>st</sup>  
☐ WITHDRAW HALF ON THE 1<sup>st</sup> AND HALF ON THE 15<sup>th</sup>

### RETAIN FOR YOUR RECORDS

On \_\_\_\_\_ I authorized **Northfield Montessori** to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time through written notification.

Initial payment amount: \_\_\_\_\_

Regular payment amount: \_\_\_\_\_

If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.



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