

# Abner Montessori School / Sky After School ACH Authorization Form

## CUSTOMER INFORMATION

NAME: \_\_\_\_\_  
(Please Print or Type)

SSN (Last Four Digits): \_\_\_\_\_

Please select all ACH draft plans that apply.

I hereby authorize **Abner Montessori**  
To initiate: [ ] debit / drafts [ ] credits / payments  
To my: [ ] checking account [ ] savings account  
In the amount equal to the account balance due for the agreed terms of Abner monthly or bi-monthly.

I hereby authorize **Sky After School**  
To initiate: [ ] debit / drafts [ ] credits / payments  
To my: [ ] checking account [ ] savings account  
In the amount equal to the account balance due for the agreed terms of Sky weekly or two weeks or monthly.

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error, and, payments will end when financial obligations are met by both parties.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

## ACCOUNT INFORMATION

Please attach a voided check.

### Cancellation Agreement

This authority will remain in full force and effect until the stated period above or such time as Abner Montessori School / Sky After School has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner: \_\_\_\_\_ Date \_\_\_\_\_