



ACH Authorization Form

Sign and complete this form to authorize and opt-in for Mother Teresa Academy (MTA) to initiate monthly scheduled electronic debit auto-draft from your checking/savings account. By signing this form, you give MTA permission to charge your account indicated on the date below. Please attach a copy of a voided check.

STUDENT Name: _____

I, _____ authorize **MOTHER TERESA ACADEMY** to charge my **(FIRST & LAST NAME AS APPEARS ON YOUR ACCOUNT)** bank account indicated below for \$ _____ on the _____ of each month. This reoccurring monthly payment is for my child's **(AMOUNT)** **(DATE)** (children's) MTA aftercare fee. There will be a one-time \$35 charge that will come out on the first payment in September.

BILLING INFORMATION:

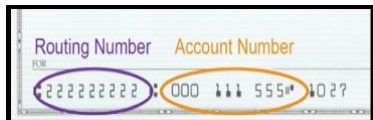
Billing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Bank Account Type: Checking Savings

Accountholder Name: _____

Bank Name: _____



Account Number: _____

Routing Number: _____

SIGNATURE _____ DATE _____

I authorize Mother Teresa Academy to charge the bank account indicated above on a reoccurring monthly basis. This payment authorization is for the goods/services described above, in the amount indicated above. I certify that I am an authorized accountholder of this bank account and that I will not dispute this payment with my creditor/bank. In case of insufficient funds, I am aware there is a \$35.00 charge back fee.

NOTICE: MOTHER TERESA ACADEMY must be notified in writing (1) full calendar month prior to the next billing date (1st of each month) and must abide by all terms and agreements set by MTA in order to suspend this auto-draft method of payment. Failure to notify will result in a full payment for the upcoming monthly tuition including any outstanding balances and/or associated invoices. MTA reserves the right to charge this account for the failure of any future payments.