

**Bright Water Montessori School Automatic Monthly Bank Withdrawal
Authorization Form**

First Name:

Last Name:

Address:

City, State, Zip:

Daytime Phone Number:

Routing Number:

Account Number:

Date you would like withdrawal to occur on a monthly basis:

1st 15th 30th (in February this withdrawal will occur on the 28th)

I authorize Bright Water Montessori School to debit my account in the amount of \$
on a monthly basis going forward until I notify my banking institution or Bright Water
Montessori School that I want the withdrawals to stop.

Signature: _____ Date: _____