Island Montessori Academy
Automatic Draft Authorization

Parent Name (as shown on your bank account) _____

Bank Name _____

Checking Account Number _____

I authorize Island Montessori Academy to draft my account for student tuition charges, in accordance with the information listed below, beginning with tuition charges billed for the month of _____, 2011 and on the day of the month listed below for each period thereafter. I understand that I am in full control of my payment, and that, if at anytime I decide to discontinue the plan, I will notify Island Montessori Academy in writing of my desire to cancel the automatic draft plan.

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Automatic Draft Options

Please answer the following questions below. The choice in bold will be utilized when a differing answer is not selected.

1. Date of automatic draft: 5th of the month **15th of the month**
2. Draft my account for the following (check one):
   - **Monthly Tuition Charges**
   - Standard Tuition Charges (August 2011 & January 2012)
3. Please send my statements and/or invoice (check one):
   - Via regular USPS mail
   - **Via Wednesday Take Home Folder**
   - Via fax (please provide) _____
   - Via email (please provide) _____

Checking account owner's signature _____

Date: _____

Phone numbers (home) _____ (mobile) _____

Please attach a voided check for this account. Thank you