





Electronic Funds Transfer Authorization Form

Please complete the following information for the payer as it appears on your statement. FIRST AND LAST NAME CHILD'S NAME **ADDRESS** CITY/STATE/ZIP PHONE **Payment Plan: 5**TH OF EACH MONTH 15[™] OF EACH MONTH HALF ON THE 5^{TH} & HALF ON THE 15^{TH} **Account Type:** CREDIT CARD DEBIT CARD CHECKING/SAVING ACCOUNT Credit and debit card transactions will accrue a 2% convenience fee. Check and savings account DO NOT accrue a convenience. Please check the appropriate box **N**EW AUTHORIZATION ACCOUNT/CARD UPDATE CANCEL (EFF DATE Please select the school your child attends BROOKLYN PARK 🔲 CHASKA 🔲 CORCORAN 🔲 MAPLE GROVE 🔲 PLYMOUTH 🔲 SOUTHDALE 🔲 ST ANTHONY 🦳 WAYZATA EDEN PRAIRIE GOLDEN VALLEY I hereby authorize to make my payments on my behalf Print name of your financial institution from my checking, savings or credit/debit card account and transfer it to Step By Step Montessori Schools or Peaceful Valley Montessori. I understand that I am in full control of my payment, and if at any time I decide to make changes or discontinue this service I will notify Endeavor Schools. Debits are made close to the fifth business day of the month. Endeavor Schools does not retain paper copies of card/bank account information. Any discrepancies are resolved via credits to your next billing statement. Signature: Date: Please complete section below. Please attach a voided check if using your checking or savings account. **Routing Number** (for checking/savings accounts) Checking/Savings Account Number Credit Card Number Expiration Date - MM/YY CVV

(for credit cards)

(code on back)