

EFT Recurring Payment Authorization Form

Northview Montessori | 7670 West Northview Street | Boise, ID 83704 | 208-322-0152

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize Northview Montessori, LLC to initiate an electronic debit against my checking or savings account for the purpose of collecting childcare-related payments on the 1st working day of each month. I authorize Northview Montessori, LLC to withdraw sufficient funds to pay my childcare fees that are due. I authorize Northview Montessori, LLC to use the third party sender, Reliafund, to process all payments. I acknowledge that the origination of ACH/EFT transactions to my account must comply with the provisioning of United States law.

Account Holder's Name: _____ Phone: _____

Email: _____

Child Name(s): _____

Account Holder's Address: _____

City: _____ State: _____ ZIP Code: _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

City: _____ State: _____ ZIP Code: _____

Bank Account Type (please circle one): Checking Savings

Routing Number: (See Sample Below) Account Number: (See Sample Below)

This authorization will remain in full force and effect until I notify Northview Montessori, LLC in writing of its termination or complete my contract with Northview Montessori, LLC. Notification must be received 5 business days in advance of termination date to permit Reliafund and my bank reasonable time to act upon it. I acknowledge that any rejected EFT payments will be charged a \$20.00 fee. I understand that a new authorization form must be completed if I close the referenced bank account or if I wish to designate a different bank account.

Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

Please attach a copy of a voided check below

