



PPD Recurring DEBITS Authorization Form

I (We), hereby authorize: Blue Ridge Montessori School,

(Merchant Name)

hereinafter called the COMPANY, to initiate debit entries to my (our)

- Checking
- Savings Account

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, to debit and/or credit the same to such account. If the item is returned unpaid, Merchant has the option to authorize an **additional return item fee** of the maximum amount as allowed by the state to be charged to account number listed below. Signage disclosing return item fee shall be placed in merchant's location and/or on any agreement between merchant and check writer. Signage shall disclose the following:

"If your payment is returned unpaid, you authorize us to make a one-time electronic fund transfer from your account to collect a return fee of \$35.00."

The return fee will be determined by the merchant and the return fee will be processed as a separate ACH transaction.

Merchant may re-initiate a debit entry up to two times if you receive a return entry of "NSF or Uncollected Funds." This gives the Originator a total of three attempts at debiting the account.

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me (account owner) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on written notification request.

Depository Name: _____
Routing Number: _____ Account Number: _____

Select the following that would apply:

- Same amount to be debited each billing period \$ _____

**** NOTE** If above option is chosen and billing amount changes, Company must obtain a new Recurring Debits Authorization Form from account owner.**

Payment Date: (select one): _____ On the 1st of each month _____ On the 15th of each month _____

Checking/Savings Account Owners Name: *(please print)*

Signature of Checking/Savings Account Owner: _____

Date: _____

Please attach "VOIDED" check to this authorization form. "Voided" deposit slips are not acceptable. If "VOIDED" check not presented; Account owner may obtain a Bank Verification Form/Letter from their Bank for verification of checking account and/or savings account.