

Automatic Withdrawal Form

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS FROM A BANK ACCOUNT CONSUMER NAME(S) I (we) hereby authorize Amarillo Montessori Academy hereinafter called COMPANY, to debit entries and to my (our) account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.
I (we) hereby authorize Amarillo Montessori Academy hereinafter called COMPANY, to debit entries and to my (our) account indicated below and the depository
COMPANY, to debit entries and to my (our) account indicated below and the depository
name below, neternated cancer below to debt the same to such account.
DEPOSITORY
NAME
BRANCH
CITYSTATEZIP
ROUTING NO
ACCOUNT NO
Checking Account Saving Account
This authority to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or wither of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act of it.
NAME(S)
DATE

1ST_____ 16th____ 25th____