

927 O'Bannonville Road, Loveland, OH 45140 Phone: 513-683-4757 Fax: 513-697-4191

## AUTOMATED CLEARING HOUSE AUTHORIZATION

To make payments by automated clearing house (ACH), please complete this form and return it to the CMH bookkeeper. Complete an ACH Authorization for each account to be used, designating on each form the child(ren) for whom that authorization applies.

You may initiate, revise or terminate this ACH authorization at any time by giving notice in writing to the CMH bookkeeper.

Parent(s)/Guardian(s):				
Student(s) for whom this authorization applies:				
Bank Routing	Account		□ Checking	
(ABA) Number:	Number:		□ Savings	
Check all charges that you wish to pay by ACH:				
□ Tuition	Early Bird and Aftercare	$\Box$ M	ore Montessori	
Enrollment Deposit	□ After School Clubs	□ Summer camp		
Lunch Programs	Spirit Wear	□ Misc. Charges		

I/we hereby authorize Children's Meeting House (CMH) to withdraw funds from this account for payments as indicated above. In the event of an erroneous withdrawal, I/we authorize CMH to credit this account as necessary to correct the error. If a withdrawal is not processed by the bank due to insufficient funds in this account, I/we agree to reimburse CMH for any related bank charges assessed to CMH.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date: