

## Step By Step Montessori Schools, Inc

*Electronic Funds Transfer Authorization Form* Corporate Office: 4355 Highway 169, Plymouth 55442 Phone: 763.557.6777

Please check the a	<u>appropriate bo</u>	)X							
NEW AUTHORIZATIO	Ν	Account/Card Upda			CANCEL (EFF DATE)				
Please select the school your child attends									
BROOKLYN PARK CHASKA CORCORAN MAPLE GROVE PLYMOUTH SOUTHDALE ST ANTHONY WAYZATA									
Please specify one of these options for payment processing									
Check this box if you want Step By Step to process transactions on your behalf?									
Check this box if you want to process transactions on your own?  (SELF SERVICE)									
Please complete the following information for the payer as it appears on your statement.									
NAME					CHILD'S NAME				
There is a 1% convenience fee charged to all credit/debit card transactions.									
Card/Bank Account Number Last 4 Digits only									
I hereby authorize savings or credit Print name of your financial institution/credit card card account and transfer it to Step By Step Montessori Schools. 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 Step By Step Montessori Schools. Debits are made close to the fifth business day of the month. A 1% convenience fee will be added to all debit/credit card transactions. Signature:									
Account Type:									
Visa MasterCard Discover			Check	ing Acct	🗌 Sa	Savings Acct			
Routing Number (for checking/savings a	ccounts)								
Checking/Savings A Number	Account								
Bank/Card Name									
Credit Card Numbe (If using debit card, plea checking account inform	ase provide								
Expiration Date - MM/YY (for credit cards)					CVV Number (3 digit code on back)				

Step By Step Montessori does not retain paper copies of card/bank account information. Any discrepancies are resolved via credits to your next billing statement