



Student Name(s)					
I/We Name(s)					
Address					
City		Province		Postal Code	
Telephone					

AUTHORIZE

Montessori Academy of London
711 Waterloo Street, London, Ontario N6A 3W1
519-433-9121

TO DEBIT MY/OUR ACCOUNT

Account Number	
Name of Financial Institution	
Branch Address	
Branch Telephone	

****PLEASE ATTACH AN UNSIGNED VOID CHEQUE**

FOR THE PURPOSE OF: TUITION PAYMENTS

In the amount of:	\$
Payable (frequency)	MONTHLY
Beginning	
Ending	

I/We understand and agree to the terms and conditions on the back of this authorization.

_____ Name of Account Holder	_____ Signature	_____ Date
_____ Name of Account Holder	_____ Signature	_____ Date

(For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.)

PLEASE SEE REVERSE FOR ADDITIONAL SIGNATURES



AGREEMENT BETWEEN MONTESSORI ACADEMY OF LONDON AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

1. I/We authorize Montessori Academy of London ("the school") its successors and assigns to draw a debit in paper, electronic or other form for the purpose of paying the tuition payments indicated on the reverse hereof, and I/we authorize the Financial Institution identified on the reverse hereof ("the Financial Institution") to honour and pay such debits. This authorization is provided for the benefit of the School and the Financial Institution is provided in consideration of the Financial Institution agreeing to process debits against the account identified on the reverse hereof ("the Account") in accordance with the Rules of the Canadian Payments Association ("the Association").
2. I/We agree that the Financial Institution is not required to verify that any such debit has been drawn in accordance with this authorization, including the amount, frequency and the purpose of any such debit.
3. I/We agree that delivery of this authorization to the School constitutes delivery to the Financial Institution. I/We agree that the School may deliver this authorization to the School's financial institution and agree to the disclosure of any personal information which may be contained in this authorization to such financial institution.
4. I/We will notify the School of any changes in the account information or termination by me/us of this authorization at least (10) business days prior to the then next debit authorized by it.
5. I/We understand that the termination of this authorization does not affect my/our obligation to pay the tuition payments. In the event of any such change, this authorization shall continue in respect of any new account to be used for such pre-authorized debits.
6. I/We understand that any debits charged to the Account will be reimbursed if:
 - a. The debit was not drawn in accordance with this authorization;
 - b. This authorization has been terminated; or
 - c. The debit was posted to the wrong account due to incorrect information being supplied by the School,
 by giving notice in writing to the Financial Institution within ninety (90) days of any such debit.
7. I/We warrant that all persons whose signatures are required to sign on the account have signed this authorization.
8. I/We agree to comply with the Rules of the Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect, and I/we agree to execute any further documentation which may be prescribed from time to time by the Association in respect of the services described herein.

Name of account holder

Name of account holder

Signature

Signature

Date

Date