



Living Montessori Education Community

PREPARED FOR LIFE

www.LivingMontessori.com

**Living Montessori Education Community  
Automatic Bank Draft Form**

Living Montessori Education Community, also referred to as LMEC, has automatic bank draft available for payments of tuition and other items. Funds will be automatically drafted on the last day of each month in the amount of your invoice(s). If the last day of the month falls on a weekend, funds will be drafted on the next business day. If you would like to sign up for this convenient method of bill payment, simply return the completed form to our office, along with a deposit slip or a voided check from your financial institution. **Effective September 1, 2012, all forms of payment other than automatic bank draft (including bill pay) will be charged a \$25 processing fee.**

- I understand that invoices will be sent out, via email, between the 15th and 20th of each month. This will allow me time to look over all charges prior to funds being drafted. Funds will be drafted on the last day of each month (or next business day if this falls on a weekend) in order for payments to reach the LMEC bank between the 1st and 3rd of the following month. Any charges incurred after the invoice has been sent out will be reflected in the following month's invoice.
- I authorize my bank to honor drafts drawn by LMEC on my account for bill payments. I hereby agree that each payment shall be the same as if it were an instrument personally signed by me in writing. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount due, including a \$25 processing fee.
- I agree that if at any time there is to be a change, deletion, or cancellation of this service, it is submitted in writing to LMEC at least two weeks prior to the draft date. I understand, however, that both the financial institution and LMEC reserve the right to terminate this payment plan or my participation therein.

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Child(ren) Name(s)

\_\_\_\_\_  
Print Name of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

**ATTACH VOIDED CHECK HERE**

**Please mail this form to 2445 140th Ave NE, Suite B-200, Bellevue, Wa 98005 or place in LMEE or LMA tuition box.**