

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY

NAME: Lake Village Learning Center

COMPANY TAX

ID: _____

I (we) hereby authorize Lake Village Learning Center, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that \$ _____ will be drafted from our account on the _____ of each to cover our child(s) monthly tuition.

DEPOSITORY

NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it or with the last draft for the semester on _____.

NAME(S)
) _____

ID NUMBER: _____

DATE: _____ SIGNER: _____

SIGNER: _____
D: _____

(STAPLE VOIDED CHECK HERE)