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ACH DEBIT AUTHORIZATION AGREEMENT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company: **School for Little Children** (herein referred to as "Company")

Address: 1427 Chicago Ave., Evanston, IL 60201

I (we) hereby authorize Company to initiate debit entries from my (our):

Checking Account Savings Account

Please debit my (out) account on the 1st of the month for my outstanding account balance (i.e. preschool & enrichment tuition and registration fees)

indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Company 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.

Depositor Name _____

Signature _____ Date _____

Attach voided check here:

