

**AUTHORIZATION AGREEMENT
to
DEBIT ACCOUNT**

I authorize the Great After-School Place to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Customer Name – Please Print

Customer Address – Please Print

Name of Financial Institution or Business

Address of Financial Institution or Business – Street, City, State and Zip Code

Checking Account # _____ Savings Account # _____

Bank Routing Number _____

(# between these symbols I: I: on the bottom left corner of check)

****Please attach a voided check****

Please take funds out of my account on the 10th 25th of the month (circle one). Amount to be withdrawn:_____

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Name (Please Print)

Signature Date