

Preschool – Sixth Grade

AUTHORIZATION AGREEMENT

DIRECT PAYMENTS (ACH DEBITS and ACH CREDITS)

I (we) hereby authorize Spanish With Sarah, hereinafter called COMPANY, to debit and credit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and credit to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City-State) (Zip)

_____ (Routing/Transit Number) _____ (Account Number)

Type of Account: ___ Checking ___ Savings

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. (Two weeks prior to the 5th of the month.)

(print individual parent name)

(Signature)

(Date)

(print 2nd parent name, if applicable)

(Signature)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Student(s) name(s): _____

Ten (10) monthly payments will be automatically debited on the 5th of each month.

Monthly withdrawal amount : _____

Payments will be drawn September through June