Brookside Children's Early Education Center's AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

(DEBITS)

Brookside Children's Early Education Center, LLC **COMPANY NAME**

ORIGINATOR.

I (we) hereby authorize <u>BROOKSIDE CHILDREN'S EARLY</u> <u>Children's Early Education Center, LLC</u> to initiate my (cone) indicated at the depository financial institution not weekly. We would like tuition withdraw to come origination of ACH transactions to my (our) account most the agreed tuition between client and BCEEC will be week. Or each first Monday of each month according falls on a Monday, monies will be taken from the according to the excellent and BCEEC will be taken from the	our) Checking Account oted below. We would like outMonthly. I (we) accust comply with the provise taken from the account to how many Mondays account below on a Friday.	Savings Account (select tuition withdraw to come out cknowledge that the sions of the U.S. law. Monies below each Monday of each	
	CK along with this form.	STITUTION ADDRESS	
FINANCIAL INSTITUTION NAME (Name of bank where customer has account)	FINANCIAL IN	FINANCIAL INSTITUTION ADDRESS	
CITY	STATE	ZIP CODE	
ROUTING NUMBER	CUSTOMER'S	CUSTOMER'S ACCOUNT NUMBER	
This authority will remain in full force and effect until <u>Enotification from the undersigned of its termination in the reasonably comply with the notification. Brookside</u> undersigned with a copy of this Authorization Agreeme	time for <u>Brookside Childre</u> e Children's Early Educatio	n's Early Education Center, LLC	
NAME OF AUTHORIZED CUSTOMER (Please Print)			
SIGNATURE NOTE: IN ORDER TO REVOKE AUTHORIZATION CUSTO	DATE DMER MUST PROVIDE WI	RITTEN NOTIFICATION TO THE	

Office use only: Child's Name: ____ Child's Rate: ____ Date for ACH withdraw: ___ Circle location BR or R100