

**Brookside Children's Early Education Center's
AUTHORIZATION AGREEMENT
FOR PRE-AUTHORIZED PAYMENTS
(DEBITS)**

Brookside Children's Early Education Center, LLC
COMPANY NAME

I (we) hereby authorize BROOKSIDE CHILDREN'S EARLY EDUCATION CENTER, hereinafter called Brookside Children's Early Education Center, LLC to initiate my (our) **Checking Account** **Savings Account** (select one) indicated at the depository financial institution noted below. We would like tuition withdraw to come out Weekly. We would like tuition withdraw to come out Monthly. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law. ***Monies of the agreed tuition between client and BCEEC will be taken from the account below each Monday of each week. Or each first Monday of each month according to how many Mondays are in each month. If a holiday falls on a Monday, monies will be taken from the account below on a Friday.***

Attach a **VOIDED CHECK** along with this form.

FINANCIAL INSTITUTION NAME
(Name of bank where customer has account)

FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP CODE

ROUTING NUMBER

CUSTOMER'S ACCOUNT NUMBER

This authority will remain in full force and effect until Brookside Children's Early Education Center, LLC receives notification from the undersigned of its termination in time for Brookside Children's Early Education Center, LLC to reasonably comply with the notification. Brookside Children's Early Education Center, LLC will provide the undersigned with a copy of this Authorization Agreement upon request.

NAME OF AUTHORIZED CUSTOMER (Please Print)

SIGNATURE

DATE

NOTE: IN ORDER TO REVOKE AUTHORIZATION CUSTOMER MUST PROVIDE WRITTEN NOTIFICATION TO THE ORIGINATOR.