

Student Last Name, First Name: _____

Site: _____



**EdAdvance School Age Programs
2016-2017 Authorization Agreement for Direct Debit of Tuition**

I (we) hereby authorize EdAdvance, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our)

Checking Account

Savings Account

at the financial institution named below and authorize that institution to debit and/or credit the same to such account.

Amount _____

Monthly

Weekly

One Time

Amount _____

Monthly

Weekly

One Time

Monthly withdrawals will be debited on the first Friday of the month prior to the month of service. Weekly withdrawals will be debited each Friday before the week of service.

Bank Name: _____ **Account Number:** _____

Name on Account: _____ **Routing Number:** _____

This authorization will remain in full effect as of start of the EdAdvance School Age BASES (Before and After School Enrichment Services) Program/Summer Program and will continue thereafter until my account is fully reconciled or until EdAdvance receives written notification from me of its termination. I will allow EdAdvance reasonable time to reconcile my account and to process a termination request.

Signature

Printed Name

Email Address

Day-Time Phone Number

Date

(ATTACH VOIDED CHECK HERE)

For office use only:

Date received: _____ Days attending: _____ Site: _____

Daily fee: _____ x _____ days = _____ Weekly Code(s): _____

x 4 = _____ Monthly 1st withdrawal date: _____

Form complete & verified: _____ Scanned: _____

Start date confirmed with parent: _____ Date to accounting: _____