

Brownson Learning Center ACH Draft Authorization

*Required Fields

*Financial Institution Name _____

*Financial Institution Address _____

*Bank Phone Number _____

*ABA Routing Number _____

*Account Number _____

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH US TO USE!

I hereby authorize Brownson Learning Center, hereinafter call the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my (our) account indicated below and the Financial Institution named below, hereinafter called the DEPOSITORY, to debit and /or credit the same to such account. This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

*Family's Name: _____

*Family's Address: _____

*Draft Start Date: _____ (NOTE: Drafts will be applied to monthly tuition only)

*Amount to Draft: _____

Frequency of Draft: September tuition will be drafted July 5th. Remaining tuition will be automatically drafted on the 5th day of the month October – May

*Signature Authorization

*Date

*Daytime Phone Number

*Evening Phone Number

Email address