



Direct Payment Authorization Form

I hereby authorize Ivy Early Education to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to our account which is indicated below, and the bank to debit and/or credit the same such account.

_____ Checking account for my tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

OR

_____ Savings account for my tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

For payment of tuition of \$_____, weekly.

I will receive prior notice if the amount of my tuition changes. Debits will be taken out on Mondays for that week of services.

It is understood that this agreement may be terminated by me at any time by giving written notification to Ivy Early Education. Any such notification given to the company shall be effective only with the respect to entries initiated by said company after receipt of such notification and a responsible opportunity to act on it.

Signature: _____

Name: _____

Date: _____