

Direct Payment Authorization Form

When amount is constant and no weekly/monthly statement
Sturbridge Early Learning Academy, Inc.

I hereby authorize the Sturbridge Early Learning Academy, Inc., 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 to such account.

____ Checking Account for my weekly tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Or

____ Savings Account for my weekly tuition at:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

For Payment of Tuition of \$ _____, weekly every two weeks monthly

I will receive prior notice if the amount of my tuition changes. Debits will be taken out 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 the Sturbridge Early Learning Academy, Inc. Any such notification given to the Company shall be effective only with respect to entries initiated by said Company after receipt of such notification and a responsible opportunity to act on it.

Signature _____

Name _____

Date _____