



AUTHORIZATION AGREEMENT FOR ACH/BANK DRAFT PAYMENTS

I, _____, hereby authorize Royce Learning Center, hereinafter called "SCHOOL," to initiate debit entries to my bank account indicated below, at the depository bank named below, hereinafter called "DEPOSITORY." These debits are to be made on the 2nd or 16th of each month as so noted below (or first working day thereafter, if said day is a weekend or holiday) for the monthly payment of tuition owed to the SCHOOL.

DEPOSITORY INFORMATION

BANK NAME: _____

CITY: _____ STATE: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVINGS

DATE OF DRAFT: 2nd 16th Other – Date _____

This authorization is to remain in full force and effect until all of the contracted tuition payments have been made or the SCHOOL has received written notification for me (or either of us) of its termination in such time and in such manner as to afford the SCHOOL and DEPOSITOR Y a reasonable opportunity to act upon it.

NAME: _____
(Printed Name of Authorized Bank Account Signatory)

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK