

Automated Payment processing Safe - Convenient - Easy

AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Lutz Learning Center to initiate debit entries to my (our) Checking or Savings Account indicated below to keep my account current. I understand that it is my responsibility to check the account balance. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

For Official Use Only...

Date Received

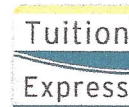
Employee Signature

| | | |
|---|----------------------------------|--------------|
| John Sample Mary Sample 123 Nice Street Anytown, USA | BANK OF THE WEST 555-555-5555 | 00226 |
| Pay to the order of: Attach Voided Check Here \$ _____ | | |
| Deposit slips not accepted _____ Dollars | | |
| ⑆123456789⑆ | 1800339⑆ | 0226 |
| Routing Number | Account Number | Check Number |

A service of



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SOFTWARE®



Automated payment processing is available by EFT by checking or savings account only.
Payments are also accepted by cash or check.