

DRAFT FORM  
AUTHORIZATION AGREEMENT  
FOR AUTOMATIC DEPOSITS (CREDITS)

COMPANY NAME: Haynsworth Private School

I (we) hereby authorize Haynsworth Private School, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for collections, to my (our) Checking \_\_\_\_\_ Savings \_\_\_\_\_ account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

DEPOSITORY NAME: (Your Bank Name): \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

BANK TRANSIT/ABA NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*PLEASE ATTACH VOIDED CHECK TO FORM AND RETURN BY May 30th\*\***