

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 27th****