

2009-2010 SCHOOL YEAR

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

MONTECITO PRESCHOOL, INC
1468 Grant Road
Los Altos, CA 94024
Main Phone: (650) 968-5957 Fax: (650) 968-2052

I (we) hereby authorize MONTECITO PRESCHOOL, INC., hereinafter called COMPANY, to initiate debit entries to my (our) CHECKING account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

AMOUNT OF MONTHLY DEBIT: \$ _____ DATE DEBIT BEGINS _____

NAME OF FINANCIAL INSTITUTION _____ BRANCH _____

STREET / CITY _____ STATE _____ ZIP CODE _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

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

PARENT(S) NAME(S) _____ DATE _____

STUDENT NAME(S) _____

SIGNED _____ SIGNED _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. UNLESS OTHERWISE TERMINATED, THE LAST DEBIT WILL OCCUR IN THE MONTH OF MAY OF THE SCHOOL YEAR INDICATED.

ATTACH AVOIDED CHECK HERE FOR THE ACCOUNT INDICATED ABOVE

Office Use Only:
Room _____ Class Code _____ Monthly Tuition _____ Date Debit Begins _____