AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

| Company Name | Aquin | | ompany Number | |
|--------------------|---|---------------------------------|--------------------------------------|--|
| I (we) her | reby authorizeA to initiate debit ent | Aquin | Checking accour | hereinafter called indicated below at the debit the same to such |
| Depository Name | | ė | Branch_ | |
| | | | | Zip |
| Routing Nun | nber | | | ı |
| manner as to it. | afford COMPANY | either of us) of i and DEPOSITO | ts termination ir PRY a reasonabl | OMPANY has received a such time and in such be opportunity to act on |
| | | | | |
| Date | | Signature | a 8 | |
| NOTIFYING AUTHORIZ | EIVER MAY IG THE ORIGINAL CATION. Auto Withdrawal fo | REVOKE THI ATOR IN THE | E ATHORIZA E MANNER S | ST PROVIDE THAT ATION ONLY BY SPECIFIED IN THE |
| to the school. | | | | |
| Preauthorized | l payments can start | August 15th. | | |