

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name _____ Aquin _____ Company ID Number _____

I (we) hereby authorize ____ Aquin _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below at the depository named below on a monthly basis, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account No. _____

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.

Name(s) _____ ID Number _____

Date _____ Signature _____

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.

Interested in Auto Withdrawal for this school year? Please sign attached form and return to the school.

Preauthorized payments can start September 15th.

Please contact Marianne Kluesner if any questions.