

STONE BRIDGE SCHOOL

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Stone Bridge School to initiate debit entries to my (our) checking account or savings account that is listed below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Checking or Savings (please circle) Bank Name: _____ Branch _____
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

OR

Credit Card Type: Visa Mastercard Discover (please circle one)
Credit Card #: _____ Name on Credit Card _____
Expiration Date: _____ CSV: _____ (on back of card)
Billing Address: _____ Phone # _____
City: _____ State: _____ Zip: _____

This authorization is to remain in full force and effective 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.

Account Holder Name: _____ Student Name(s): _____

Email Address: _____

Please debit my account for the amount of \$ _____ on the 1st _____ or 15th _____ of each month starting on the month/year of _____, 2017 **(start date can be as early as 7/1/17)**.

Please stop debiting my account for the above amount **as of _____ (6/30/18 or earlier)**.
(Your account will not be debited past 6/30/18).

Account Holder Signature: _____ Date: _____

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.

<p align="center">PLEASE ATTACH A VOIDED CHECK OR COPY OF FRONT AND BACK OF CREDIT CARD FOR EACH DEPOSITORY ACCOUNT LISTED ABOVE.</p>
--