

## AUTHORIZATION AGREEMENT DIRECT PAYMENTS

I (we) hereby authorize The Children's Workshop, hereinafter called the "Company", to debit entries to my (our) account indicated below; and the financial institution named below, hereinafter called the "Financial Institution", to debit the same to such account.

_____	_____	
Financial Institution Name	Branch	
_____	_____	_____
Address	City/State	Zip
_____	_____	
Account Number	Routing Number	

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

*\*Please attach a voided check to this form\**

This authority is to remain in full force and effect until the Company has received written notification from the family of its termination in such time and manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Please bill me \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly, a dollar amount of: \$ \_\_\_\_\_

The total of the registration fee, security deposit and first week of tuition will be \$ \_\_\_\_\_ and debited from the account on \_\_\_\_\_. Weekly tuition debits will begin on \_\_\_\_\_.

_____	_____
Individual's Name	Child's Name
_____	_____
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.