AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) authorize Brilliant Beginnings Learning Center and the Financial Institution listed below to withdrawal from my (our) checking or savings account to automatically pay my tuition to Brilliant Beginnings Learning Center.

This agreement will remain in effect until Brilliant Beginnings Learning Center and the Financial Institution has received written notification from me (us) of its termination in such time and manner as to give Brilliant Beginnings Learning Center and the Financial Institution a reasonable opportunity to act on it.

Customer Information

Parent(s) Name(s) _____

Child(ren)'s Name(s) _____

Address _____

City, State, Zip _____

Financial Institution Information

Institution's Name_____

Address _____

City, State, Zip _____

Phone No. _____

- ☐ Checking (Please include a voided check)
- ☐ Savings (Please include savings slip with routing number and account number)

Routing Number _____

Account Number _____

Authorization Signature (s)

Signature of Account Holder(s)_____ Date _____

_____ Date _____

Deduction Begins with Bill Due: _____

Deduction Ends with Bill Due: _____