

– DIRECT WITHDRAWAL AUTHORIZATION –

Today's Date: _____

I authorize Planet Kids Academy to initiate withdrawals from my account at the financial institution named below for payment of tuition. This authorization will remain valid until Planet Kids Academy, my financial institution, or I revoke it.

I can suspend payment of this draft by notifying Planet Kids Academy at any time prior to noon ten business days prior to the day the payment is scheduled to be deducted from my account.

I understand that the Direct Payment Program is an alternative method of payment only and does not otherwise affect my rights or the rights of Planet Kids Academy's financial institution with respect for each other. I further understand that Planet Kids Academy and my financial institution reserve the right to terminate the Direct Payment Program and/or my participation in it. If I wish to cancel my participation in the Direct Payment Program, I may do so by notifying a Director of Planet Kids Academy ten business days prior to the day the payment is scheduled to be deducted from my account.

Child's Name: _____

Account Title: _____

Authorized Signature: _____

Joint Account Signature: _____

Financial Institution Name: _____

Financial Institution Address: _____

Transit / ABA Number: _____

Amount of Monthly Payment: \$ _____ Start Date: _____
(Debited the first morning of each month)

Please attach a VOIDED check from the account to be debited.