AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

NAME & ADDRESS:	PHONE NUMBER:

CHECK ONE:

❑ ADD (New Preauthorized Debit Participant)	❑ CHANGE (Financial Institution and/or Account #)	❑ DELETE (Cancel Participation in the Program)

NOTE: Due to the time required for company and bank processing, please allow one or two weeks for processing.

PARKER SCHOOL

I (we) hereby authorize _____ , hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH
CITY	STATE	ZIP CODE

TRANSIT ROUTING NUMBERS

⑈										⑈

ACCOUNT NUMBER INFORMATION

☐ CHECKING ☐ SAVINGS

This authority 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. **Please attach a voided check for account validation.**

NAME(S) - Please Print		TAX ID NUMBER
ADDRESS	CITY/STATE	ZIP CODE
SIGNED		DATE

AUTOMATIC PAYMENT DATE OPTIONS:

____ Funds to be withdrawn between 5th and 10th of the month

____ Funds to be withdrawn between 25th and last day of the month