

Bank Transfer Authorization Form

I authorize Play Academy LLC to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$ _____
- For the amount of \$ _____ weekly, starting on _____ thereafter per the terms in the tuition contract dated _____

Customer bank account information:

_____ Routing Number Account Number _____

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify _____ of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

_____ _____ _____
Customer signature Customer printed name Date