



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Payments will be submitted each Tuesday for that current week's total tuition.

I (we) hereby authorize Legend Bank, hereinafter called COMPANY, to initiate debit entries my (our) Checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NAME ON ACCOUNT _____

BANK NAME _____ CITY/STATE/ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization 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 manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PARENT'S NAME(S)

STUDENT'S NAME(S)

DATE SIGNED _____

SIGNED _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.