

BankPlus
Authorization for Automatic Payment

I authorize BankPlus to initiate entries to my checking/savings account. This authority will remain in effect until I notify in writing to cancel it, in such time to afford BankPlus a reasonable opportunity to act on it.

(Name – Please Print)

(Address)

Checking/Savings Account to be Debited _____

Financial Institution Name _____ ABA # _____

Checking/Savings Account with BankPlus to be Credited: Meadowbrook Preschool, LLC

Effective date: _____ Amount: Monthly tuition plus other service fees.

Customer Signature _____

(Note: Must be signed by owner of account to be debited)

Please attach a voided check for Bank name and ABA Number verification.