



Authorization Agreement Direct Payments (ACH Debits)

I (we) hereby authorize The Children's Workshop, hereinafter called the "Company", to debit entries to my (our) account indicated below and the financial institution named below, hereinafter call the "Financial Institution", to debit the same to such account.

Financial Institution Name

Branch

Address

City/State

Zip

Account Number

Routing Number

Type of Account: _____ Checking _____ Savings

**Please attach a voided check to this form

This authority is to remain in full force and effect until the Company has received written notification from the family of its termination in such time and manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Please bill me _____ Weekly _____ Monthly, a dollar amount of: \$ _____

The total of the registration fee, security deposit and first week of tuition will be _____ and debited from the account on _____. Weekly tuition debits will begin on _____.

Individual's Name

Child's Name

Signature

Date

Note: all written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.