

Pre-Authorized Payment (Debit) Service Authorization Agreement

Chase Learning Center

Company/employer name

63-1134641

company ID #

I (we) authorize the above COMPANY and the financial institution listed to electronically debit my (our) Account specified below:

Choose one option:

Checking

**(attach copy of VOIDED check)**

Savings

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either or us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by COMPANY, upon request, to the BANK.

\_\_\_\_\_  
(name please PRINT)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(child/children's name)

Choose one option:

Bi-Weekly

Date for draft to start:

Monthly

\_\_\_\_\_

**\*If there are no banking changes: write NO CHANGES, fill in names, signature, & date.**

**\*Only one form is needed per family.**