



Dorado Academy

"Home of the Dolphins"

Authorization Agreement for Direct Debit Payment AFTER SCHOOL PROGRAM

Person in charge
of the account: _____

Relation to child: _____

Family Code: _____

Name of Students: _____

I (we) hereby authorize Dorado Academy, Inc hereinafter called the SCHOOL, to initiate direct debit payments of \$_____ from my (our) Checking or Savings Account indicated below from the financial institution named below, hereafter called the DEPOSITORY, to credit the same to such account on the **FIRTS** (1ST.) of each month. **(PLEASE CHECK ONE) If at any moment there is a previous month balance due, the payments will be applied to the oldest balance.**

This debit will start in _____, 2017 and conclude in _____, 2018.

Bank's Name: _____

Branch, City, State, Zip: _____

Routine/Transit No. _____

Acct.No. _____ Check or Saving
(Please check one)

Signature: _____

This Authorization is to remain in full force until SCHOOL and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to provide SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

In event that the terms of the agreement binding this authorization change, it will constitute a termination of contract between the school and the customer.

Please Note: There will be \$25.00 charge on non-collectible funds. If return occurs the payment must be made at school using MONEY ORDER or ATM only.

ALL CHECKING ACCOUNTS MUST BE ACCOMPANIED WITH A VOID CHECK