

Authorization of Direct Debit Tuition Payments

I request that my monthly tuition be directly withdrawn as follows:

Bank Name: _____

Account Number: _____

Transit Routing Number: _____

Type of Account (Checking or Savings): _____

Parent Information:

Name: _____

Address: _____

City-State-Zip: _____

Date of Birth: _____

Employer: _____

Home Telephone: _____

Social Security Number: _____

I (we) hereby authorize Crème de la Crème to initiate debit entries into my (our) account at the institution I have selected.

I agree that Crème de la Crème reserves the right to reverse any debit made in error to my account. This authority is to remain in full force and effect until Crème de la Crème has received written notification from me (or us) of its termination in such time and in such manner as to afford Crème de la Crème reasonable opportunity to act on it.

I understand that I am responsible for the terms and agreements applicable to the account at the institution I have selected.

Signature: _____ Date: _____

Print Name: _____

Tuition Only _____ Full Ledger Amount Due _____

** Please attach a VOIDED check to form.