

The Education Station
AUTHORIZATION FOR DIRECT DEBIT
(ACH Debits)

I (We) hereby authorize **The Education Station** (hereinafter called **Company**) to initiate Debit entries to my (our) account(s) indicated below on or about the ____ of each month and the depository financial institution named below, herein after called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____
(Name of Bank)

Branch: _____ City: _____ State: _____ Zip: _____
(Optional)

Routing/Transit # _____ (9 Digits)

Account Number: _____ Checking _____ Savings _____
(Check one)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

Name(s): _____

Signature: _____ Date: _____

Address: _____ PH: _____

ATTACH VOIDED CHECK HERE