AUTOMATIC BANK DRAFT - AUTHORIZATION FORM

I hereby authorize **PACES**, to initiate withdrawals by electronic funds transfer from my checking account or credit card as identified below, for amounts owed to PACES. In addition, the financial institution at which my checking account is held is hereby authorized to debit my checking account for the withdrawals initiated by **PACES**. If my account does not have sufficient funds to cover the debits authorized herein, I agree to pay a $30 Returned Debit service charge, which may be collected electronically. I acknowledge that the origination of ACH transactions in my account must comply with all applicable laws and the NACHA operating guidelines.

Customer Information

Child's Name _____

Name (as shown on bank account) _____

Address _____

City _____ State _____ Zip Code _____

Phone (include area code) _____

Bank Name_____

Bank Routing Number _____

Account Number _____

OR

Credit Card Number _____ Exp Date _____ 3 digit code_____
There is a 2.75% convenience fee charged by the processor for credit card charges.

Frequency Monthly Weekly (Circle One) Rate $_____

This authorization is to remain in full force unless revoked or altered. In the event I wish to revoke or alter this authorization, I may do so at any time **only** by providing written notice to PACES no later than seven (7) business days prior to the effective date of such revocation or authorization.

I hereby attest that the above information is correct, and I understand and agree to all provisions of this authorization form.

_____ _____
Signature Date

Please attach a voided check with this application.