



## DIRECT PAYMENT AUTHORIZATION

Name: \_\_\_\_\_

I hereby authorize Elaine Rosi Academy for Children to initiate debit entries to my (our) checking account (and correcting credit entries, if needed) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same such account.

Depository (Bank) Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_

Permission to Start Charging (Date): \_\_\_\_\_

This authority is to remain in full force and effect until Elaine Rosi Academy for Children has received written notification from me of its termination in such time and in such manner as to afford Elaine Rosi Academy for Children and DEPOSITORY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_