

**Prime Time Extended Learning Center
Automatic Withdrawal Authorization**

Customer Name (please print)

Account Number

Name of Bank/Financial Institution

Routing Number

Account Number

Authorization Statement:

I authorize Prime Time Extended Learning Center to instruct my financial institution to make my payments in the amount of \$_____ on or after the 5th of the month beginning in September and ending in June upon full payment of account balance. I also understand I may discontinue this authorization at any time by giving written notice to Prime Time Extended Learning Center. I realize this information will be used solely for the purpose of consumer withdrawal.

Customer's Signature

Date

ATTACH A VOIDED CHECK HERE: