Prime Time Extended Learning Center
Automatic Withdrawal Authorization

_____/_____

Customer Name (please print) Child/Children's Name (please print)

_____
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 at least 2 weeks prior to the change 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: