

MADTOWN



OFFICE

AUTOMATIC PAYMENT

FILE NAME:
(FAMILY)

START
DATE:

END
DATE:

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC MONTHLY TUITION PAYMENTS (ACH DEBITS)**

I (we) hereby authorize COTTER-BROWN, INC. dba/ Madtown Twisters, hereafter called the COMPANY, to initiate debit entries to my (our) Checking account indicated below, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification no later than the 15th of the month prior to its termination to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The initial amounts shown below may be altered with customer authorization.

Charges will be shown as "Cotter-Brown, Inc."

DEPOSITORY (YOUR BANK)	ROUTING NUMBER	YOUR ACCOUNT NUMBER
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NAME(S) ON ACCOUNT:	NAME #1	NAME #2 (IF NECESSARY)
DATE SIGNED:	SIGNATURE #1	SIGNATURE #2 (IF NECESSARY)

STUDENT #1	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #2	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #3	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE

Initial Monthly Total (deducted on the 2 nd of each month). Changes may occur with customer authorization.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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OFFICE

Please attach your voided check here.