

Automatic Payment Authorization Agreement

Student Name		Parent/Guardian Name	
Billing Address			
Mobile Phone		Work Phone	
Email			
Bank Name	Account Number	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Number

I hereby authorize Spring Education Group, Inc. (Spring Education) to debit the above referenced bank account, for the amounts of all invoices. The auto draft will occur automatically on the 1st business day of each billing period after a successful prenote test is done on the specified bank account provided. Please note that it may take up to two days for the draft to hit your bank account. This payment option will continue until we have received notification from you to terminate the Automatic Payment Option as payment for your invoices.

PLEASE STAPLE VOIDED CHECK BELOW

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I acknowledge that it is my responsibility to notify Spring Education if I change bank accounts, and to provide Spring Education with updated information. If failure to do so results in the invoice not being paid within seven days of the due date, attendance at the school will no longer be permitted until the invoice is paid in full. Any returned auto draft payments will be subject to our normal returned payment fee as specified in your fee schedule. If an auto draft payment is returned, you are responsible for making payment by check for the amount of the invoice along with the returned payment fee. If an auto draft payment is returned three or more times, we reserve the right to discontinue the auto draft payment option and all future billings must be paid by certified funds.

By signing this authorization form, I agree to all the above terms and conditions.

Name (Print)	Signature	Date
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Office Use Only

School Name	School #
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