

Authorization Agreement for Automatic Payment

Name: _____

Address: _____

I (we) hereby authorize Royalty Only, Inc. dba Springing Up CDC and Cornerstone Academy, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated below and the depository (Bank, etc.) named below, hereinafter called Depository, to credit and /or debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit Routing Number: _____ (Bottom left side of check)

Account Number : _____ (Bottom right side of check)

Tuition will be taken out weekly before the learning week and the Thursday before or Monday following a Holiday that falls on a Friday.

Weekly tuition amount upon enrollment: Child 1 _____ Starting date: _____

(this amount will vary upon tuition adjustments) Child 2 _____

Child 3 _____

An Annual Activity Fee of \$ _____ is in additoin every year, for each child, due the beginning of July each year enrolled.

This Authority is to remain in full force and effect until Royalty Only Inc. dba Springing Up CDC and Cornerstone Academy, has received written notification from me (us) of termination in such time and in such manner as to afford Royalty Only Inc. dba Springing Up CDC and Cornerstone Academy, a reasonable opportunity to act on the cancellation.

Authorize Signature: _____ Date: _____