

This is POM's preferred method of payment

Automatic Withdrawal Authorization Form: Variable Payments

Peace of Mind Early Education, Inc.

We are pleased to offer you a new service—the Automatic Withdrawal Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Automatic Withdrawal Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time—it helps maintain good credit.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Automatic Withdrawal Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on both your bill as well as the statement you receive from your financial institution.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Automatic Withdrawal Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) **Attach a voided check for verification of all financial institution information.**

NOTE: *Be sure to sign the form!*

Please complete the information below.

I authorize Peace of Mind Early Education, Inc to initiate electronic debit entries to my:

____ checking account (or) ____ savings account for payment of my daycare tuition invoice.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ Date to Start Withdrawals _____

Deduct Payment once or twice per Month (circle one) - Once Twice

CHILD'S NAME _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

NAME _____

SIGNATURE _____