

EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize Earlywood Educational Services to initiate credit entries to my (our) checking ___/ savings ___ account in the financial institution named below, and I (we) authorize the financial institution to accept and to credit the amount of such entries to my (our) account.

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authority is to remain in full force and effect until Earlywood Educational Services has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Earlywood Educational Services a reasonable opportunity to act on it.

Name: _____
(Employee) (Spouse)

Social Security Number(s): _____
(Employee) (Spouse)

Signed: _____ Date: _____
(Employee)

Signed: _____ Date: _____
(Spouse)

IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED TO MY ACCOUNT, I AUTHORIZE EARLYWOOD EDUCATIONAL SERVICES TO DIRECT THE BANK TO RETURN SAID FUNDS.

Signed: _____ Date: _____
(Employee)

Signed: _____ Date: _____
(Spouse)