

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: Madison Preschool

I (we) hereby authorize Madison Preschool, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account or Savings Account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that \$_____ will be drafted from our account on the of each month to cover our child's (children's) preschool tuition.

DEPOSITORY NAME: _____

TRANSIT / ABA NO. _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it or with the last draft for the school year on _____.

NAME(S) _____

DATE: _____ SIGNED: _____

SIGNED: _____

(STAPLE VOIDED CHECK HERE)

BANCORPSOUTH



**CASH
MANAGEMENT**