

**CREDIT/DEBIT
AUTHORIZATION FORM**

I (we) hereby authorize DeSoto School, Inc. (the Company) to initiate entries to my (our) checking/savings accounts at _____ (The Financial Institution), and, if necessary, initiate adjustments for any transactions credit/debited in error. This authority will remain in effect until ***The Company*** is notified by me (us) in writing to cancel it in such time as to afford ***The Company and the Financial Institution*** a reasonable opportunity to act on it.

Bank

Address - (Branch, City, State & Zip)

Signature

Date

Name - (Please Print)

Address - (Please Print)

Set Amount: _____ Maximum Amount: _____

Checking/Savings Account Number: _____

Routing Number: _____

(Look between these symbols /: :/ on the bottom left of your check)

Please attach copy of a canceled check