

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

**Now you can have payments automatically deducted
from your checking or savings account!**

Out of town? Busy? Forgot?

**No problem – your payments are automatically
deducted on your due date.**

Save time, postage, and frustrating mail delays.

**It's Easy To Enroll!
- One Form Per Family -**

With our secure Web servers, network, and firewalls, your information is safe. You have less to worry about when paying by recurring billing (PPD) than you do when paying by check. When a check is issued for payment, many different people handle it before it is returned to your bank, and security problems can occur because your information is printed on it. With recurring billing, your information is encrypted and sent to the Federal Reserve through secure wires of the ACH Network. There is an immediate record of who initiated the payment and the account to be debited. If a fraudulent debit is made to your account, contact your bank to have the transaction reversed. NACHA regulations that govern ACH transactions are designed to protect check writers.



I authorize _____The Learning Path_____ to initiate variable data entries to my account identified below in payment for The Learning Path monthly tuition (\$__195__) **per student per subject**. I understand that The Learning Path will debit my account on the ___1st___ of each month or the next business day if that date falls on a Saturday, Sunday, or national holiday. I authorize my financial institution identified below to debit my account each month.

I understand that I am in full control of my payment, that I have a right to hold or stop this electronic payment simply by giving The Learning Path timely notice, and that I may revoke this authorization by notifying The Learning Path by the 1st of **the current month to be effected for the following month**. In addition, I will immediately notify The Learning Path of any changes in the information provided on this authorization form. All items returned to The Learning Path are subject to an automatic debit from my account including a maximum returned check fee as permitted by law.

<i>SECTION 1</i>		<i>FINANCIAL INSTITUTION INFORMATION</i>			
Bank Name		Type of Account - Checking/Savings (circle)		Phone #	
ABA Routing # (first 9 digits lower left corner of check)					
Account #					
<i>SECTION 2</i>		<i>AUTHORIZATION</i>			
Signature				Date	/ /
Print Name	Address				
City	State		Zip		

A VOIDED CHECK FROM THIS ACCOUNT MUST BE ATTACHED; ONLY ONE PER FAMILY REQUIRED.

<i>SECTION 3</i>		For Instructor Use ONLY			
Center Code		Instructor Name			
List Students Attending THE LEARNING PATH					
1.				<input type="checkbox"/> Math	<input type="checkbox"/> Reading
2.				<input type="checkbox"/> Math	<input type="checkbox"/> Reading
3.				<input type="checkbox"/> Math	<input type="checkbox"/> Reading
4.				<input type="checkbox"/> Math	<input type="checkbox"/> Reading