

BANK DRAFT AUTHORIZATION AGREEMENT

I hereby authorize GREYFRIARS CLASSICAL ACADEMY, to initiate debit entries (or such adjusting entries, either debit or credit which are necessary for corrections) to my Checking/Savings account indicated below, and the financial institution named below to debit (or credit) the same to such account.

FINANCIAL INSTITUTION NAME	CITY	STATE
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TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE (checking /savings)
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I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

NAME

SOCIAL SECURITY NUMBER

SIGNATURE	DATE
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REMINDER: If available, please attach a voided check or pre-printed deposit slip.