

Authorization for Account Withdrawal (Debit)

Company Requesting Authorization The Institute for Effective Education	Company Identification Number 95-2773236
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In order to make timely payment for tuition and fees for my (our) child's attendance at Mt. Helix Academy, I (We) hereby authorize The Institute for Effective Education (TIEE) to initiate withdrawals (debit entries) from my (our) Account and I (We) authorize the Financial Institution (Bank) named below to debit the same amount to my (our) Account.

Name of Your Financial Institution (Bank)	Address of Branch	
City	State	ZIP
Transit/ABA Number (Routing Number) <small>Appears on the lower left-hand corner of your checks</small>	Account Number <small>Appears at the bottom of your checks</small>	

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

Name (Please Print)	Name (Please Print)
Signature	Signature
Date	Date