



Consumer Authorization for Direct Payment via ACH Debits

I hereby authorize Tiffany Ellis-Brown DBA Little Scholars, to initiate electronic debit entries to my (our) account(s) indicated below and the financial institution named below, hereinafter called "Financial Institution". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize Tiffany Ellis-Brown DBA Little Scholars to credit my account indicated below to correct any error made.

Financial Institution Name

Financial Institution Address

☐ Checking ☐ Saving

Routing Number

Account Number

Amount of Monthly Debit (Payments are drafted on the 1st of each month)

Payment Start Date

This authorization is to remain in full force and effective until I notify Tiffany Ellis-Brown DBA Little Scholars in writing that I wish to revoke this authorization (Send written notice to: Little Scholars, 1844 Memorial Drive, Clarksville TN 37043). I understand that Tiffany Ellis-Brown DBA Little Scholars requires at least 2 weeks prior notice in order to cancel this authorization.

Print Name

Signature

Date

Please attach a Voided Check to this authorization