

Solon Learning Academy LLC Authorization for Direct Debit

I (We) hereby authorize Solon Learning Academy LLC (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on or about the 1st of each month, and the depository financial institution named below (hereinafter called Depository) to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository Name: _____

Branch: _____

City: _____

State: _____

ZIP: _____

Routing Number: _____

Account Number: _____

Checking Account

Savings Account

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

Name(s): _____

Signature: _____

Date: _____

Address: _____

Phone: _____

Please attach a **Voided Check** here.