

Heart of Texas Aquatics Team

HEAT Swim Team

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

(ACH DEBITS)

I (we) do hereby authorize Heart of Texas Aquatics Team, hereinafter referred to as the Originator, to initiate debit entries to the account indicated below, and to initiate corrective reversal entries (credits) to the account indicated below in the event any debit entries are originated in error. I will ensure that funds for payment to HEAT are available by the 5th of each month. Late fees and penalties will still apply.

Name of Depository Financial Institution: _____

Location of Depository Financial Institution: _____

City _____ State _____ Zip _____

Transit/ABA number _____ (nine digits)

Account number _____

_____ Checking _____ Savings

This authority is to remain in effect until the Originator has received my/our written notification of its termination. Notification must be received 30 days in advance to prevent the following month's tuition from billing.

Swimmer's Name _____

Please print clearly

Parent's Name _____

Please print clearly

Signed _____ Date _____

Signed _____ Date _____

Please affix voided or cancelled check— no deposit slips.