AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Snyder Union Mifflin Child Development, Inc.

I (we) hereby authorize *Snyder Union Mifflin Child Development, Inc.* to initiate debit entries to my (our) checking or savings account indicated below and the depository 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 the provisions of U.S. Law.

FROM: _____
Name of Financial Institution

_____
Address of Financial Institution

_____   _____
Routing and Transit Number   Phone Number

_____
Account Number

After the account has been charged, I have the right to have the amount of erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of account statement or 45 days after posting, whichever comes first.

In the event that an ACH debit is returned for Insufficient Funds or other reason, I understand that I will pay a returned item fee.

This authorization 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)_____   _____
Please Print   Signature

_____   _____
Please Print   Signature

Date_____

Note: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH CANCELLED/VOIDED CHECK