



## SOCRATES ACADEMY FOUNDATION BANK DRAFT AUTHORIZATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

I hereby authorize Socrates Academy Foundation to initiate debits from the BANK indicated on the attached check for the amount specified below. The authority is to remain in effect until Socrates Academy Foundation has received **15 days written notification** from me of the termination of this agreement, or until the amount pledged to the Socrates Academy Foundation has been satisfied. Should my draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including bank fees, will be made prior to my next draft.

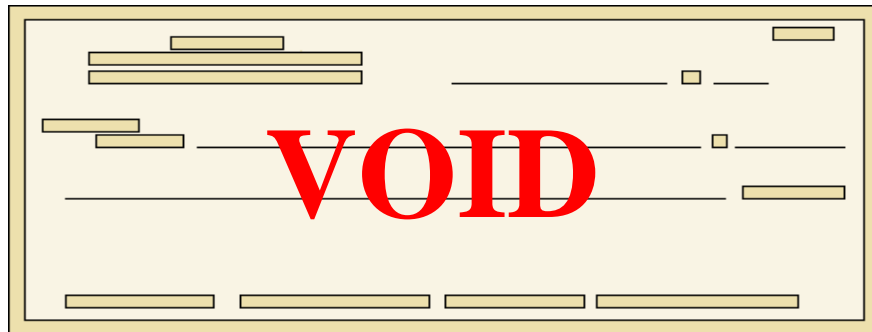
ACCOUNT TO BE DRAFTED EACH MONTH ON THE 20<sup>th</sup> DRAFT AUTHORIZATION: \_\_\_\_\_ (Initials)

AMOUNT TO BE DRAFTED EACH MONTH: \$ \_\_\_\_\_

BEGINNING IN: \_\_\_\_\_ (Month/Year) ENDING IN (if applicable): \_\_\_\_\_ (Month/Year)

### Verification and Authorization

(Please include a VOIDED check with your completed application)



NAME OF BANK CUSTOMER (Exactly as checks are signed) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK CITY AND STATE \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge my account drafts drawn on my account by and payable to Socrates Academy Foundation.

I agree that your rights in respect to each such draft shall be the same as if it were a check drawn on you and signed personally by me.

I agree that you shall be fully protected in honoring all such drafts.

\_\_\_\_\_  
SIGN AS YOU SIGN YOUR CHECKS

\_\_\_\_\_  
DATE