

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

COMPANY NAME: Beth Israel Preschool

COMPANY TAX ID: \_\_\_\_\_

I (we) hereby authorize Beth Israel Preschool, hereinafter called COMPANY, to initiate debit entries to my (our)      Checking account      Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that our      payment of \$      for preschool will be drafted from our account on the      of each month.

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

TRANSIT / ABA NO. \_\_\_\_\_

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

This authority is to remain in full force and effect until COMPANY and DEPOSITORY 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) \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(STAPLE VOIDED CHECK HERE)

BANCORPSOUTH



CASH  
MANAGEMENT