

Nobel Learning Communities, Inc.[®]

Automatic Payment Authorization Agreement



Student(s) Name(s): _____

Name of Parent or Guardian: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: _____ Work #: _____

Fax #: _____ Email (for billing purposes): _____

Name on bank account: _____

Type of Account:

Account Number: _____

___ Checking ___ Savings

ABA Bank Routing Number: _____

I hereby authorize **Nobel Learning Communities, Inc.** to debit the above-referenced bank account, for the amounts of all invoices. The auto draft will occur automatically on the 1st business day of each billing period after a successful prenote test is done on the specified bank account provided. Please note that it may take a day or two for the draft to hit your bank account. This payment option will continue until we have received notification from you to terminate the Automatic Payment Option as payment for your invoices.

PLEASE STAPLE VOID CHECK BELOW

I acknowledge that it is my responsibility to notify Nobel Learning Communities, Inc. if I change bank accounts, and to provide Nobel Learning Communities, Inc. with updated information. If failure to do so results in the invoice not being paid within seven days of the due date, attendance at the school will no longer be permitted until the invoice is paid in full. Any returned auto draft payments will be subject to our normal returned payment fee as specified in your fee schedule. If an auto draft payment is returned, you are responsible for making payment by check for the amount of the invoice along with the returned payment fee. If an auto draft payment is returned three or more times, we reserve the right to discontinue the auto draft payment option and all future billings must be paid by certified funds.

By signing this authorization form, I agree to all of the above terms and conditions.

Date: _____ Name (please print): _____

Authorization Signature: _____

Office Use Only: School # _____

5/27/2009