

**Prime Time Extended Learning Center  
Automatic Withdrawal Authorization**

\_\_\_\_\_  
Customer Name (please print)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

**Authorization Statement:**

I authorize Prime Time Extended Learning Center to instruct my financial institution to make my payments in the amount of \$\_\_\_\_\_ on or after the 5<sup>th</sup> of the month beginning in September and ending in June upon full payment of account balance. I also understand I may discontinue this authorization at any time by giving written notice to Prime Time Extended Learning Center. I realize this information will be used solely for the purpose of consumer withdrawal.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

**ATTACH A VOIDED CHECK HERE:**