



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL 99 CLUB

PART I Member's Information

Full Name:	_____
Address:	_____
Email Address:	_____
Telephone #	_____

PART II Member's Bank Information

Bank Name:	_____
Bank Telephone Number:	_____
Bank Routing Number:	_____
Account Number:	_____

I (we) hereby authorize Universal Education Institute, hereinafter called Universal School, to initiate preauthorized electronic funds transfers from my checking / savings account indicated above, and I authorize the **KEY BANK** to debit the transfers to Universal School account. The authorization will remain in effect until Universal School and the banks have received written notification from me of its termination and have had reasonable opportunity to act on it.

Signature: (Person authorized signer on this account	_____		
Name of the Signer:	_____	Date:	_____

PART III Special Instructions:

Return this form and **A VOIDED CHECK** to Universal School.

PART IV For Office Use Only

Full Name:	_____
Amount per Month (\$):	_____
Withdrawal Date:	_____