



KUMON NORTH AMERICA, INC.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

-- One Form per Family --

I authorize Kumon Sunnyvale Central/Santa Clara Central/Cupertino ("Kumon") to initiate variable data entries to my account identified below in payment for Kumon monthly tuition. I understand that Kumon will debit my account as early as the 1st of each month for that month's tuition. I authorize my financial institution identified below to debit my account each month.

I understand that I am in full control of my payment, that I have a right to hold or stop this electronic payment simply by giving my financial institution timely notice, and that I may revoke this authorization by notifying Kumon by the 15th of the current month to be effected for the following month. In addition, I will immediately notify Kumon of any changes in the information provided on this authorization form. There will be a \$25 penalty fee for any bank rejection.

Signature (Parent/Guardian)

Date

Print Name (Parent/Guardian)

Email Address

Print Name(s) of Child(ren)

Telephone

Address (if not printed on the check)

ATTACH VOID CHECK HERE:

Charlie Checker
100 Main Street
Hometown, State 98765

507
01-1
123

PAY TO THE ORDER OF The Deli Stop \$14.82
Nine and 82/100 DOLLARS

Helpful Credit Union
300 Main Street
Hometown, State 98765

for lunch with Bob

Charlie Checker

⑆0000⑉0000⑆0507 01-23-45678

OFFICE USE ONLY:

First Month:

\$

Recurring

\$