



Automatic Withdrawal Agreement

AMERICAN HERITAGE SCHOOLS

736 North 1100 East
American Fork, UT 84003
801-642-0055

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize American Heritage Schools hereinafter called School, to initiate debit entries to my (our) __Checking Account/ __Savings Account (select one) indicated below at the depository financial institution name below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

All tuition fees will be withdrawn on the 5th of each month beginning on _____.

(Date)

This authorization is to remain in full force and effect until SCHOOL has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Name _____
(Please Print) (Please Print)

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check here. Thank you.