

**Automatic Withdrawal Agreement**

American Heritage Schools, Inc.  
 736 North 1100 East, American Fork, UT 84003, 801-642-0055

**Returning Patrons:** Check here \_\_\_\_ and insert your name, signature and date below if you would like to continue automatic withdrawals as previously authorized from the same bank account. This will also authorize auto-payment in June of the non-refundable seating fee.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
 (ACH DEBITS)

I (we) hereby authorize American Heritage Schools, Inc. (the "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**All tuition fees will be withdrawn on the 5<sup>th</sup> of each month (or on the first business day thereafter in the event the 5<sup>th</sup> day falls on a Saturday, Sunday, or legal holiday) beginning on \_\_\_\_\_.**

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 for initial setup. Thank you. \*\*\***