

Heritage Christian Academy
ACH Transfer Authorization – Tuition Draft

I authorize Heritage Christian Academy to make the following regular withdrawal of funds from the account named below. This authorization is to remain in full force and effect until HCA has received written notice from me of its termination in such time and in such manner as to afford the school reasonable time to act on it, or until the full tuition for the current school year has been paid.

Name: _____ Date: _____

Signature: _____

Account Information

Amount to be withdrawn monthly: _____

Date of withdrawal (check one): 1st of the month 15th of the month

Bank Name / City / State: _____

Routing Number (9 digits): _____

Account Number: _____

Type of Account (check one): Checking Savings

PLEASE ATTACH A VOIDED CHECK FOR THE APPROPRIATE ACCOUNT