

# Veritas Academy Debit Authorization Form



Name \_\_\_\_\_ Date \_\_\_\_\_

I authorize Veritas Academy to debit my account for the tuition payments using electronic drafts of my account.

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Monthly Draft Amount:** \_\_\_\_\_

By signing this ACH Debit Authorization form, I agree to allow the specific transaction amount indicated above to be debited from my checking/savings account on the 5<sup>th</sup> of each month, from June 2012 to May 2013, for a total of 12 monthly payments. If the 5<sup>th</sup> of the month falls on a holiday or weekend the ACH debit will take place on the next available business day. If an attempt is made to debit my account and the transaction is not honored by my bank I agree to pay a service fee of \$25 per occurrence.

Signature \_\_\_\_\_