



PART I Member's Information

Only one ACH form is needed per family

Full Name: _____

Address: _____

Email Address: _____

Primary Telephone # _____

PART II Member's Bank Information

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

I (we) hereby authorize Universal Education Institute, hereinafter called Universal School, to initiate preauthorized electronic funds transfers from my checking / savings account indicated above, and I authorize the KEY BANK to debit the transfers to Universal School account. The authorization will remain in effect from July 2019 through June 2020 or until Universal School and the banks have received written notification from me of its termination and have had reasonable opportunity to act on it.

Signature:
(Person authorized signer on this account) _____

Name of the Signer: _____ Date: _____

PART III Special Instructions:

Return this form and **A VOIDED CHECK** to Universal School.

PART IV For Office Use Only

Full Name: _____

Amount per Month (\$): _____

Withdrawal Date: _____

**Please be aware that your school application will be INCOMPLETE and sent back to you if any of the following is missing:
A Tuition preference form filled out for EACH child, ALL appropriate signatures, voided check, a registration payment attached or a selection to withdraw registration via automatic withdrawal.**