

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

PART I Member's Information

Only one ACH form is needed per family

Full Name:		
Address:		
Email Address:		
Primary Telephone	:#	
PART II Member's Ba	ank Information	
Bank Name:		
Bank Routing Number:		
Account Number:		
authorize NORTHWES in effect from July 2024	ST to debit the transfers to Universal Sch	savings account indicated above, and I nool account. The authorization will remain chool and the banks have received written le opportunity to act on it.
Name of the Signer:		Date :
PART III Special Instructions:		
Return this form and A	VOIDED CHECK to Universal School.	
PART IV For Office U	Jse 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.