



# AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

UNIVERSAL SCHOOL

Child(ren)'s Full Name: \_\_\_\_\_  
\_\_\_\_\_

## PART I Parent's Information

**Only one ACH form is needed per family**

Full Name:	_____
Address:	_____
Email Address:	_____
Primary Telephone #	_____

## PART II Bank Information

Bank Name:	_____
Bank Routing Number:	_____
Account Number:	_____
<p>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 NORTHWEST to debit the transfers to Universal School account. The authorization will remain in effect from July 2025 through June 2026 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.</p>	
Signature: (Person authorized signer on this account)	_____
Name of the Signer:	_____
Date:	_____

## PART III Special Instructions:

<b>Return this form and A VOIDED CHECK to Universal School.</b>
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## 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.