

**ACH Draft Form / Automatic Tuition Payments**

Please take monthly tuition payments from my:  Checking Account  Savings Account

Parent/Guardian Name: \_\_\_\_\_

Name as it appears on Checking/Savings Account:

\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
(Print Student Name Above)

\_\_\_\_\_  
Email Address

I, the undersigned, authorize New Horizons Home School Academy (NHSA) to draft the amount of \$\_\_\_\_\_ (U.S. Dollars) directly from my checking or savings account as a recurring monthly payment of the monthly tuition due for the student whose name is given above. My draft day will be assigned to the 1<sup>st</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (Registrar will circle one) of each month. I affirm that I have read and signed the **NHSA** Tuition Policy to which this form is an addendum. I understand that there are no refunds on tuition or registration/enrollment fees, and I further understand that the **NHSA** Tuition Policy requires that I give a 30-day, written notice of my intent to withdraw the student named above from enrollment with **NHSA**. I further understand that this authorization is to remain in full force and effect until **NHSA** has received and acknowledged written notification from me of its termination. This notification must be given at least ten (10) days prior to the draft day noted above affording **NHSA** a reasonable opportunity to act on its termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date