

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

APPLICATION FOR AUTOMATIC TUITION WITHDRAWAL

I hereby authorize automatic monthly withdrawal in the amount of _____
This authorization shall remain in effect (recurring monthly) until revoked by me in writing.

Unless otherwise noted, all withdrawals will occur on the 1st of each month.

Last Name		First Name		Initial
Address	Unit #	City	State	Zip
Home Telephone		Work Telephone		

ACCOUNT HOLDER'S SIGNATURE

Date

:: PLEASE ATTACH VOIDED CHECK BELOW ::

John Doe
P.O. Box 954
Holbrook, NY 11895

0215
03-085/070
BRANCH 08680

DATE _____

PAY TO THE ORDER OF _____ \$ []

DOLLARS

FIRST UNION First Union National Bank
R/T 06700-435

FOR _____ SAMPLE MP

⑆ 670040032 ⑆ 32665365 ⑆ 0532

ABA Number Bank Account Number

ABA NUMBER (ROUTING) _____

ACCOUNT NUMBER _____

Please print this form and return to our office with the VOIDED CHECK attached.