

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 stated, Automatic Withdrawal will occur each month – on the first of the 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

DATE _____

0215
63-685/570
BRANCH 08680

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.

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WHERE GUIDANCE PROMOTES EXCELLENCE

The Huda Academy Credit Card Authorization form

Name of the cardholder _____

Credit card type AMEX____ DISCOVER____ VISA____ MASTER____

No. _____ Exp Date _____

Security code _____

I hereby authorize Huda Academy to use the credit card towards

Invoice _____

Donation _____

Zakat _____

Other _____

Name _____ Signature _____

Address: _____

This form is strictly confidential and has to be shredded once information is entered in Quick Books.