



ACH Authorization Form

Student Name(s): _____

I authorize Indianapolis Suzuki Academy, hereinafter referred to as "COMPANY", to initiate debit entries to my account indicated below at the financial institution named below, hereinafter referred to as "FINANCIAL INSTITUTION", to debit the same such account.

ACCOUNT HOLDER NAME: _____

FINANCIAL INSTITUTION: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

Checking Savings

ROUTING #: _____ ACCOUNT #: _____

Monthly Amount: \$ _____

_____ (Initial) I understand that 12 installments of \$ _____ (amount) will be debited as indicated in the ISA Annual Tuition Schedule.

_____ (Initial) I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the US law. This authority will remain in effect until I have canceled it in writing.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____

***** PLEASE ATTACH COPY OF VOIDED CHECK *****

3959 Central Avenue, Indianapolis, IN 46205 ~ Admissions@IndySuzukiAcademy.org

www.IndySuzukiAcademy.org