

Arkansas Wrestling Academy

Post Office Box 3505, Little Rock, AR 72203

Attention: Shannon Wooley

MONTHLY BANK DRAFT AUTHORIZATION

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize (insert name) **Arkansas Wrestling Academy** to initiate electronic debit entries to my:

checking account or savings account

for payment of my wrestling academy fees. I understand I will receive a notice if the amount changes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name (Please Print)

Account Number at Financial Institution

Financial Institution Routing/Transit Number

Financial Institution City and State

Signature _____ Date _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

<p>Staple Voided Check Here</p>
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