



ACH DIRECT PAYMENT AUTHORIZATION FORM

INFORMATION:

Name as it appears on Bank Account _____

Address as it appears on Bank Account _____

Bank Name _____

Routing # _____

Account # _____

Account Type Checking or Savings

ACH DIRECT PAYMENT AUTHORIZATION

I authorize *Utah Japanese Language School* to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 7 days before my account is charged.

Signature _____

Print Name _____

Date _____