



THOMAS JEFFERSON MEMORIAL SCHOLARSHIP

1. Complete the contact information requested below (please print):

Full Name: _____

Address: _____

Phone: _____

2. Provide your signature for authorization:

I authorize American Heritage Academy to deduct my donation from my checking/savings account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that I control my payments and if at any time I decide to discontinue this service, I will notify American Heritage Academy directly. If the balance in my account is not sufficient to cover the dollar value of the debit entry, a \$25.00 fee will be added to my account, and may result in termination of the program. All information will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

3. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

Financial Institution: _____ Branch: _____

ABA/Routing Number: _____

(nine digit number may be located in the lower left corner of your check)

Checking or Savings Account #: _____

Monthly Withdrawal Amount: \$ _____

Payment Agreement begins _____, 2009 and runs through _____, 2010.

4. Please attach a voided check.