



Salam Academy

"Where Education Has No Limits"

This Automatic Monthly Withdrawal form is used for authorizing Salam Academy, Inc. to withdraw monthly tuition from your account each month. Please complete all sections.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Student Names _____

Start Date (mm/yy) ____/____

Payment Method – Select One

_____ Bank Account - Automatic Payment – Please attach a voided check

Bank Name _____

Routing # (9 digits) _____

Account # (10 digits) _____

I hereby authorize and request Salam Academy, Inc. to make monthly withdrawals in the amount listed above by initiating debit entries for monthly tuition in the amount of _____ to my account indicated on the voided check provided, and I hereby authorize and request _____ to accept my debit entries initiated by Salam Academy Inc. to such account. It is understood that this agreement may be terminated by me at any time by written notification (with signature and date) to Salam Academy Inc. Any notification to Salam Academy Inc. shall be effective with respect to Salam Academy Inc. after receipt of such notification and a reasonable opportunity to act on it.

Signed _____