ACH Draft Form / Automatic Tuition Payments

Please take monthly tuition payments from my: _	Checking Account Savings Account	
Parent/Guardian Name: Name as it appears on Checking/Savings Account:		
City/State/Zip:		
Routing #:	Account #:	
Print Student Name		
	e School Academy (NHHSA) to draft the amount of from my checking or savings account as a recurring	
•	student whose name is given above. I affirm that I have	
read and signed the NHHSA Tuition Policy to which	ch this form is an addendum. I understand that there are	
no refunds on tuition or registration/enrollment fee	s, and I further understand that the NHHSA Tuition	
Policy requires that I give a 30-day, written notice of	of my intent to withdraw the student named above from	
enrollment with NHHSA . I further understand tha	t this authorization is to remain in full force and effect	
until NHHSA has received and acknowledged written notification from me of its termination in such time		
and in such manner as to afford NHHSA a reasonal	ble opportunity to act on its termination.	
 Signature	 Date	