



## ACH/Autopay Agreement

I, the undersigning, do hereby consent and agree that Veritas Training Academy ("Veritas") has permission to automatically take payment from my checking account and/or credit card according to the schedule below. If I wish to cancel my automatic payment, then I must notify Veritas in writing prior to ACH date. I also agree to pay an additional \$35 fee for all declined payments. **No Refunds will be given without proper notification.**

Banking Routing Number: \_\_\_\_\_

Banking Account Number: \_\_\_\_\_

**Voided Check also acceptable.**

**or**

### **Card Option:**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

**Monthly Payment = \$225**

**Please check one:**

Pay	_____ of the Month		1st & 15 of the Month
	(1 payment of \$225)		(2 payments of \$112.50)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Childs Name: \_\_\_\_\_



## ACH Cancellation Policy

Your contract **REQUIRES 30 DAY IN PERSON NOTICE**. YOU ARE RESPONSIBLE FOR ALL FEES UNTIL YOUR CANCELLATION IS EFFECTIVE. If your billing date falls 30 days from when you fill out the cancellation form in person, you will be billed again. Cancellation will NOT be processed if your account has a balanced.

I, \_\_\_\_\_ understand all terms within the cancellation policy.

Acknowledgment:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Cancellation Request

I understand that the bottom half of this form is a request to cancel my current ACH payment. If my next billing date falls 30 days from when I have filled out this cancellation form in person I will be billed again. Further, by filling out the bottom half of this form, I acknowledge that my membership will NOT be cancelled if I have a past due balance of any kind.

Account Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_