

Class Name: _____ Class Day & Time: _____ Instructor: _____

ACH Drop Form

Parent Name the Account is Under: _____

Student Name: _____ Date: _____

Reason for Drop:

- | | |
|--|--|
| <input type="checkbox"/> Scheduling Conflict | <input type="checkbox"/> Driving Distance |
| <input type="checkbox"/> Not Interested Anymore | <input type="checkbox"/> Injured |
| <input type="checkbox"/> Class Unsatisfactory | <input type="checkbox"/> Financial Reasons |
| <input type="checkbox"/> Instructor Unsatisfactory | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Starting School | <input type="checkbox"/> For the Semester/Summer |
| <input type="checkbox"/> Other (explain) _____ | |
-

Account Type: (Include if you are on more than 1 draft with dates and names)

- ACH on the 1st or 15th (circle date)
- Credit Card on the 1st or 15th (circle date)

Date to Drop _____ / _____ / _____ (Must be 30 days prior to the 1st)

Print Name: _____

Signature: _____ Date: _____

Office Staff Signature: _____