

WRITTEN NOTIFICATION TO STOP DIRECT PAYMENT (ARH DEBITS)

I am hereby providing written notification to West Tennessee Gym and Cheer Academy that my child(ren), _____ will no longer be attending GCA as of _____.

I understand that I am required to give a two week notice prior to the first of the upcoming month in order to allow for a reasonable opportunity to stop the direct payment for the upcoming month.

I, thereby, request that West Tennessee Gym and Cheer Academy stop debit entries from my account indicated below and the Financial Institution named below to stop debit to such account effective on the first day of _____.

Customer Information:

Student(s) Name(s): _____

GCA Site Location: _____ Class Day/Time _____

Account Holder's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bank Account Information:

(Financial Institution Name)

(Address) (City, State) (Zip)

(Routing/Transit #) (Account #) Type of Account: ___ Checking ___ Savings

(Print Account Holder's Name) (Date)

(Account Holder's Signature)