

**Omaha Sports Academy
Direct Debit Payment Registration**

_____ New Authorization
_____ Change Financial Institution Information (attach a new voided check)
_____ Name/Address Change
_____ Discontinue Automatic Withdrawal of Funds

Customer Information:

Name _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Bank/Payment Authorization Information:

Name of Bank or Financial Institution _____

ABA Routing Number (9 digit number, lower left corner) _____

Account Number _____

Name on Bank Account _____

Bank Account Type

- Personal Checking (attach voided check)
- Personal Savings

Payment Information:

PROGRAM FEE (Total Amount of Program) \$ _____

LESS DEPOSIT PAID: \$ _____

TOTAL BALANCE DUE: \$ _____

Payment Options: (Indicate payment preference by marking appropriate option and entering payment amount)

_____ One Payment - March 25th In The Amount Of \$ _____/Month

_____ Two Payments - March 25th And April 25th In The Amount Of \$ _____/Month

_____ Three Payments- March 25th, April 25th, May 25th In The Amount Of \$ _____/Month

I authorize Omaha Sports Academy to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until a cancellation request is submitted in writing. If I wish to cancel my authorization or make any changes to the above information, I will submit a new form to the Omaha Sports Academy. I have attached a voided check.

Signature: _____

Date: _____