



FLAGSTAFF ARTS 
LEADERSHIP ACADEMY

Please submit a voided check with this form.

I authorize the Flagstaff Arts and Leadership Academy to debit my checking/savings (circle one) account monthly/quarterly/one time only (circle one) in the amount of \$_____.

I want these deductions to occur on the 5th, 15th, or 30th of the month (circle one).

I want the deduction to start as soon as possible.

I want the deduction to start after _____ (insert date).

Of this amount, I'd like \$_____ to be applied to my student's fees and/or
\$_____ to count as an Arizona Tax Credit donation to FALA.

I understand that I may stop this debit at any time by putting my request in writing to FALA's Office Manager, Cher Dunham. cdunham@flagarts.com

Signed: _____ Student's Name if Applicable: _____

Date: _____ Phone #: _____ Account Number: _____

Institution Name: _____

Institution Routing Number: _____

