



ACH Drop Form

A student's account will only be deactivated with completion of this form.
You can hand it into the office, Email it to usacademy06@yahoo.com or Fax it to 570-963-5917.

Class Day & Time: _____

Coach: _____

Parent Name
or Name Account is under: _____

Student Name: _____

Reason for Drop:

- | | |
|---|---|
| <input type="checkbox"/> Scheduling Conflict | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Driving Distance | <input type="checkbox"/> Coach Unsatisfactory |
| <input type="checkbox"/> Not Interested Anymore | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Injured | <input type="checkbox"/> Starting School |
| <input type="checkbox"/> Class Unsatisfactory | |
| <input type="checkbox"/> Gymnast not ready | |

Other (please explain) _____

Account Type (please circle):

Checking

Credit Card

Effective Date: ___/___/___ (must be a week or more prior to the 1st of the month)

Signature: _____

Date: _____