

Hilliard Martial Arts Center  
3840 Lacon Road #4-6  
Hilliard, Ohio 43026

## Intent to Withdraw from Classes

I hereby inform HMAC that 30 days following the date below, I will no longer be attending classes at Hilliard Martial Arts Center.

My signature below signifies my 30 days written notice, revoking authorization of the EFT.

Name of Student \_\_\_\_\_

Account Holder Name \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_