



DANCE CENTER
SCHOOL OF PERFORMING ARTS

Bank Transfer Authorization Form

I authorize Dance Center and School of Performing Arts to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting on _____ and on the 9th of each month for the amount of \$_____. I understand and agree that if tuition is paid via check or cash before the 9th of each month, my account will not be debited for that month.

Customer Bank Account Information:

Routing Number

Account number

Account type:

Checking

Savings

This payment authorization is to remain in effect until notified otherwise.

Custome Signature

Printed Name

Date

Student Name

Classes Attending