ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

We must be able to produce this document when requested by our bank. All information will be kept confidential and stored in a secure environment. If you have any questions, please do not hesitate to contact us at 601-398-3786. Thank you for your continued trust and confidence in us. We appreciate you and your business.
Lindsey Claire Dance Company

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments. As a duly authorized signer on the financial institution account identified below, I authorize you to perform:

A ***RECURRING*** transaction. This transaction will take place on the 1st day of each month. With the exception of the August transaction which will take place on Monday, August 6th 2018 (the first day of classes). Transactions will take place the months of August-May (equalling a total of 10 transactions). If you are enrolled after August, payments are due at the time of registration and will begin drafting the following month on the 1st. _____***(Initial Here)***

The amount of my recurring transaction is $_____ plus any unpaid registration and show fees (if participating)

If any such electronic debit(s) should be returned by my financial institution as unpaid (Non- Sufficient or Uncollected Funds), I authorize, (Merchant) LCDC, to collect a returned item fee of $30.00 per item by electronic debit from the same account identified below. _____***(Initial Here)***
*Please see "Payment of Fees" section in Policy Handbook for info on multiple declined transactions.

If you need to terminate this agreement you must do so in writing at least 14 days prior to the next payment cycle. Monthly Tuition is charged on the 1st of the month. *INITIAL HERE* _____

Tuition paid for:_____ [student name(s)]
I understand and authorize all of the above.
AUTHORIZING SIGNATURE: _____ DATE: _____
Print Name: _____
Driver's License Number: _____
Physical Address for Authorizing Signature: _____

Enter financial institution account information in the fields provided below:

FINANCIAL INSTITUTION: _____ Please circle: Checking or Savings TRANSIT/ABA # (ROUTING NUMBER): _____ ACCOUNT NUMBER: _____	BANK ADDRESS: _____ _____ CITY:_____ STATE: _____ ZIP CODE: _____