



Auto Pay Authorization Form-2019/2020

I hereby authorize Columbia County Ballet to initiate entries using Bank of America's Business Banking Product to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions processed in error. The authority will remain in effect until Columbia County Ballet is notified in writing to cancel it in such time to afford Columbia County Ballet and Bank of America a reasonable opportunity to act on it or when the season ends. **A new form is needed for each season.**

Tuition is debited the 1st of each month. The Roar of Love Fee is debited for each child February 5th.

Acct. holders Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

WE CAN NOT ACCEPT CC/DEBIT CARD NUMBERS FOR AUTO PAY

This form **MUST** be filled out entirely for auto pay to begin.

Bank Name _____

Drivers License# _____ **(example GA0014875)**

Routing # _____ **Acct#** _____

Email address _____ **(attach voided check if you would like)**

Purpose of transaction is TUITION, Roar fees, and any fees I request CCB to initiate if applicable to this form of payment.

Amount to be debited the 1st of each Month _____

The Roar of Love fee will be debited in Feb and will be a maximum of \$100 per child

Your Signature _____ **Date** _____

Print student(s) name that payments apply _____

*******For office use only*******

Entered in system on _____ Entered by _____

Initiate first Payment on _____ Amount _____