

# Amanda's Dance Express L.L.C. Electronic Funds Transfer Form

**ACH Payment for (student's name) \_\_\_\_\_**

As a duly authorized check signer on the financial institution account identified below, I authorize "Amanda's Dance Express L.L.C." to perform scheduled or periodic electronic funds transfer debits from my account identified below for payments due or when applicable.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, "Amanda's Dance Express L.L.C.", to collect a **returned item fee of \$40.00 per item** by electronic debit from my account identified below in addition to a re-draft of an amount equal to the returned draft.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Financial Institution Account "identifying information" – Bank Account Drafts

Enter financial institution account information into the fields provided below or attach a blank VOID check for debits from your checking account.

Complete or attach Blank VOID Check here.	Financial institution:		Branch:		
	City:		State:	Zip Code:	
	9 Digit Transit/ABA #		Account #		

## Credit Card Authorization

Please complete the following fields to use your credit or debit card for regular, scheduled draft payments.

Card Type \_\_\_\_\_ Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVV# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize "Amanda's Dance Express L.L.C." to perform nine (9) scheduled electronic funds transfer debits from my account in the amount of \$\_\_\_\_\_ on the 25<sup>th</sup> (or first business day following the 25<sup>th</sup> if it should fall on a weekend or holiday) of each calendar month August 2011 through April 2012.

Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Amanda's Dance Express Withdrawal Policy:** You must notify our office 30 days prior to the first day of the month that your child is terminating by completing a formal withdrawal form. *Failure to give notice of a withdrawal will result in continuing charges and the forfeit of your last month's tuition deposit.*

## Customer Billing Information

Billing Address: \_\_\_\_\_

Street Address City State Zip

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_