



ACH RECURRING WRITTEN AUTHORIZATION FORM

I hereby authorize Premiere Dance Company to initiate recurring debits entries from my account with the Financial Institution indicated below in regards to tuition or other charges as they become due and payable under the terms and conditions of the attached (Agreement or Contract).

Total of payments in the amount of \$_____ will be withdrawn from my account on the First Day of the Month. If that day falls on a weekend or bank holiday, the withdrawal shall occur on the next business banking day. The effective date of the first payment is December 1st, followed by five (5) remaining payments.

Type of Account: Checking Account Savings Account

Financial Institution Name: _____

Financial City and State: _____

Name on Account: _____

Transit/ABA No. _____ Account No. _____

Please sign and date this authorization below.

Your Signature

Today's Date

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 30 days prior to the questioned debit being initiated. Please call (405) 217-2363 or email at premieredanceco@gmail.com