



Electronic Funds Transfer Authorization Form

As a duly authorized check signer on the financial institution account identified below, I authorize Dance City & the Arts to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize ACH Direct Inc. to collect a **returned item fee of \$25.00** per item by electronic debit from my account identified below.

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.

I understand I am authorizing Dance City & the Arts to withdraw _____ payment(s) of \$ _____

Please fill in the bottom portion or initial here to authorize your card on file _____

Authorizing Signature _____

Student Name _____

CC Address _____

House Number and Zip Code

Type of credit card:	Credit Card Number:	
Name on Card:	Expiration Date:	Code on back of card:

ACH/ I- Check Information Only:

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a black VOIDED check.

Complete or attach Blank Voided Check	Financial Institution:	Branch:	
	City:	State:	Zip Code:
	Transit/ ABA#	Account #	

Example

