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Dancer's Name

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Electronic Funds Transfer

I understand and accept the following conditions: (please read and initial each line)

_____ Allegro Dance Studio has permission to deduct monthly tuition fees from my specified account. Deduction will begin on the month the completed form was received and continue on each month through June 2019.

_____ I understand that a $20.00 NSF will be charged if adequate funds are not available. If this happens, you will be contacted by email. Allegro Dance Studio will not make a second attempt via EFT to collect funds. Account must be made current by paying with check or cash and will include the $20.00 Fee.

_____ I understand that I must contact Allegro Dance Studio if I need to change accounts or if I would like to discontinue with "EFT". This must be done before the 1st of the month for any changes to go into effect that calendar month.

You can mail in your form and check- Mailing address is: 120 NE 22nd Ave, Canby, OR 97013. You can scan and email- Allegrodancer@canby.com. Or you can drop your form off in one of the black payment boxes at the studio during business hours.

Initial below if you want Allegro to use your 2017 account information on file.

_____Allegro will use your 2017 account information on file for the 2018-2019 season's EFT.
(please sign and date the bottom of the form and we will use your banking account information from last year.)

Initial below if you want Allegro to automatically deduct your costume fees.

_____ Allegro will deduct your costume fees on the following dates:
October 1, 2018 - Nutcracker Costumes (performance ballet classes only).
November 1, 2018 - Recital Costumes (all performance classes).

I hereby authorize Chase Bank to initiate entries to my (our)

Debiting Account:

Financial Institution: _____

Name on Account: _____

Acct. Type: _____

Amount: $ _____

Monthly Date for Withdraw: Circle One 1st of the month 10th of the month

Effective Date: _____

Attach Voided Check (*Not a deposit slip/Not necessary to attach if using your 2017 EFT information*)

This authorization is to retain in full force and effect until Chase Bank has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford Chase Bank a reasonable opportunity to act on. In consideration of you providing this special service, I hereby agree that you shall not be responsible for error or omission in doing so.

Signature of Debiting Customer X _____ **Date** _____