

ACH Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. No receipt will be mailed but a charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the amount changes due to the addition or subtraction of classes from the Class Selection, in which case, this agreement will be amended. Any change to the class selection must be made by you in writing 10 days prior to the next billing date.

Please complete the information below:

I

authorize Ballet Arts, LLC to charge my bank account a monthly fee of

\$ _____ debited on the 1st of each month for payment of dance classes at Ballet Arts as specified on the attached Class Selection Form. The Billing Period is 10 monthly payments starting with the 1st of September to, and including, the 1st of June as payment for dance instruction over the period September through the end of June.

Billing Address City, State, Zip

Email Phone#

Account Type: Checking Savings

Name on Acct

Bank Name Bank City/State

Account Number Bank Routing #

Signature _____

Date _____



ATTACH A VOIDED CHECK FOR THE BANK ACCOUNT ALLOCATED FOR ACH DEBIT PAYMENTS