

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 accoun	t a monthly fee of	
$_{\rm specified}$ debited on the 1st of easy specified on the attached Class Selection Form. The 1st of September to, and including, the 1st of June as September through the end of June.	Billing Period is 10	monthly payments starting with the
Billing Address	City, State, Zip	
Email	Phone#	
Account Type:		
Name on Acct		
Bank Name	Bank City/State	
Account Number	Bank Routing #	
Signature	[Date
Routing Number Account Number	1027	

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