

# STUDIO C AUTOPAY

STUDIO C SCHOOL OF DANCE

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR ELECTRONIC FORM

As a duly authorized signer on the financial institution account identified below, I authorized STUDIO C SCHOOL OF DANCE to perform electronic funds transfer debits from my checking account or credit card identified below for payments due, or when applicable apply electronic funds transfer credits to the same .

Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (*Non-Sufficient or Uncollected Funds*) , I authorize STUDIO C SCHOOL OF DANCE to collect a returned item fee of \$35.00 per item by electronic debit from the same account identified below.

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above .

Cardholder' s Printed Name: \_\_\_\_\_

Students Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Please check your payment preferences that apply:

_____ All 9 Monthly Payments w/registration fee	_____ All 9 monthly Payments
_____ Monthly payment(s)(_____)	_____ Costume(s) , Down Payment
_____ Summer payment	_____ Costume(s) , Full Payment
_____ Other (_____)	

\* Fill-out ONLY one section below - Checking Acct . OR Credit Card \*

### CHECKING ACCOUT:

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transit /ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

### CREDIT CARD: *VISA, Master card, Discover only*

Card Type : (circle)                      VISA                      Mastercard                      Discover

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Security Code: (*o n b a c k*) \_\_\_\_\_