

NORTHWEST DANCE AND ACRO

CREDIT CARD/ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Automated payments are made via ACH transfer from a bank account or by credit card. Please sign and return the bottom portion and retain the remaining information for your records.

Automatic payments will be made on the fifth of every month (or the next business day) for August thru June. If your card is rejected for any reason or an automatic withdrawal is returned due to insufficient funds, we will notify you and another account number must be provided by the 10th of the month before late fees are applied. Insufficient funds transactions also incur a \$25 NSF fee per incident.

Your signed authorization is to remain in full force and will be in effect until NWDA has received written notification of its termination, or until the end of the dance year. **A minimum of fourteen days written notice is required to terminate an agreement and to avoid charging your account for the following month.** Students who withdraw mid-month will not receive a pro-rated credit or refund for the remainder of the month.

If automatic withdrawal is returned due to non-sufficient funds more than twice, your agreement will be voided and payment in the form of a cashier's check or money order will be required.

Please refer to the studio policy for additional information on tuition and discounts.

Credit Card/ACH Authorization Agreement

I hereby authorize Northwest Dance and Acro to initiate debit entries to my bank or credit card account identified below and if necessary, credit entries and adjustments for debit entries made in error to my account identified below, to debit and/or credit the same to said account.

Parent/Account Holder Name (Please Print) _____

Student Name _____

Parent/Account Holder Signature _____ **Date** _____

Credit Card Information

Name as it appears on Card: _____

Card Number: _____

Expiration date: _____ MC Visa American Express

3 or 4 digit security code: _____ (On most cards, this is the last 3 digits in the signature box on the back of your card)

Zip Code: _____

Monthly Tuition: _____ Class(es): _____

For Office Use:

Aug: _____ Sept: _____ Nov: _____ Dec: _____ Jan: _____

Feb: _____ March: _____ April: _____ May: _____ June: _____

July: _____