

ENROLLMENT AUTHORIZATION

I/We hereby request and authorize Amy's All Star Dance Studio to make withdrawals, by electronic funds transfer or otherwise, from the account identified below. This authority extends to the schedule of monthly payments and other amounts due Amy's All Star Dance Studio as described in my account documents with Amy's All Star Dance Studio. It is understood that this agreement extends for 10 (ten) months. There will be a \$25.00 fee for any payment declined.

Any account changes must be reported to Amy's All Star Dance Studio before the next payment cycle.

Student's Name: _____

Customer name(s): _____

Name of Financial Institution _____

Financial Institution Address _____

Routing (ABA) Number (9 digits) _____

Personal Account Number _____

(Please attach a voided copy of a check from account if checking)

Type of Account Checking _____ Savings _____

Debit Card _____ Exp date _____ Security Code _____

Credit Card _____ VISA _____ MasterCard _____

Name as it appears on credit card _____

Full billing address of card _____

Expiration Date _____ 3 Digit Security Code _____

Signature

Printed name