

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (DEBITS)

Automated payments are made via ACH transfer from a bank account or by credit card. Please complete the following information for the appropriate type of transfer.

Automatic payments will be made on the first of every month (or the next business day) that tuition is due. Please refer to the studio policy for additional information on tuition. **Other payments such as recital fees, competition fees or other expenses may be used with automatic withdrawal on credit card only, however, On Your Toes needs to be notified in writing if you wish to do this.** (This is not available for those on bank draft.)

This authority is to remain in full force and will be in effect until On Your Toes has received written notification of its termination, or until the end of the dance season, at which time this information will be shredded. A minimum of fifteen days notice is required to terminate an agreement. If automatic withdrawal is returned due to non-sufficient funds more than three times, this agreement will be voided and payment in the form of a cashier's check or money order will be required.

ACH Transfer Information

Bank Name: _____

Bank Phone Number: (____) _____

Name as it appears on the account: _____

Bank Account Type: Checking Savings

Bank Routing Number (ABA): _____
(This is the 9 digit number found on the bottom of your check, to the left of your account number)

Account Number (DDA): _____

There is no fee to set up bank transfers, but a **voided check must accompany this form.**

Credit Card Information

Name on Card: _____

Type of Card: _____

Card Number: _____

Expiration date _____

3 or 4 digit security code: _____ Zip Code: _____

A one time service fee of \$10.00 will be collected to set up your account on credit card transfers only.
Forms are not accepted without the fee. Please attach fee to this form.

I hereby authorize On Your Toes to initiate debit entries to my 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.

Customer Name: _____
(Please Print or Type)

Dancer Name: _____

Customer Signature: _____

On Your Toes Dance Studio
4835 Lemay Ferry Road
St Louis, MO 63129