



ACH Payment Authorization Form

**Make Your Accounting Easier!
SAVE \$\$! AND, enter to WIN \$100!**

Schedule your dancer's Session &/or Installment fees to be automatically deducted from your checking or savings account.
Simply complete, sign & return this form to get started!

WHY ACH?

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating potential late charges
- **SAVES YOU \$\$\$!** Register/Authorize Recurring ACH prior to August 15, 2016, stay enrolled through December 1, 2016, and we'll waive your Registration Fee! That's a \$35 savings to YOU!

Authorizing your initial Session Payment, & scheduling recurring payments if you wish, is a breeze!

Here's How ACH works:

One-Time Authorization: You authorize your initial Session &/or Installment Payment be withdrawn from your checking or savings account. You will be charged only the amount indicated on our Tuition Table. A receipt for your payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us prior to the payment being collected.

Recurring Authorization: Should you choose the Recurring Payment option, you will be charged each of the remaining season's Session &/or Installment Payments using same procedure as above.

Please complete the information below:

I _____ (full name) authorize A Dancer's Dream, Inc. to charge my bank account indicated below and as follows:

One-Time Authorization in payment of my dancer's single Session &/or Installment Fee.

Recurring Authorization on each of the posted Session &/or Installment Due Dates indicated below.

Enrichment Session Due Dates: [8/15/16, 11/7/16, 2/6/17].

Team/CoDa Installment Due Dates: beginning 8/15/16 & on the 15th of each month through 5/15/17.

Further, I understand that I may authorize additional fees (costume, reps, summer, etc) be charged *per my specific written, e-mail or text request*. I further understand and authorize any and all outstanding fees due on my dancer's account over 15 days past the due date be charged via this ACH process.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify A Dancer's Dream, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that A Dancer's Dream, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.