



Electronic Payment (EFT) Registration Form

I hereby authorize Dancensations to debit my Checking Account at the financial institution listed below on the 1st day of each month in the amount specified below for tuition payment.

YES ___ NO ___ I also authorize additional withdrawals from time to time for other dance-related expenses including, but not limited to, costumes, dancewear, recital and other fees.

Bank: _____ Account No. _____

Routing Number: (the 9 digits on the bottom of your check or deposit slip):

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Name of Account Holder (Please print): _____

Date of First Payment: _____ Payment Amount: _____

Student Name(s): _____

I understand that Dancensations will withdraw funds directly from my bank account as indicated above.

I understand that these payments will continue until I notify Dancensations to discontinue them.

I understand that if I need to change this agreement, I can do so by emailing the studio at DancensationsDanceCenter@verizon.net or jeanmpotts@verizon.net.

Signature: _____

Date: _____

Please return this form with a voided check attached.

----- Please do not write below this line -----

Student Number: S _____

Student Name: _____