

BARBS SCHOOL OF DANCE AND DESIREES DANCERS

4725 28TH ST
COLUMBUS NE. 68601

**AUTHORIZATION AGREEMENT
DIRECT PAYMENT (ACH DEBITS)**

I (we) hereby authorize Barb's School of Dance and Desiree's Dancers hereinafter called COMPANY, to electronically debit my (our) account (and if necessary electronically credit my (our) account to correct erroneous debits) indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address) (City-State) (Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: ___Checking ___ Savings

Debit Amount\$_____ (to be determined by the 5th of Oct for the 2013-2014 dance year) your account will be debited on the 5th of each month starting Oct 5th and ending April 5th Sept dues and enrollment fee will be paid on the day of enrollment.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it or as defined as follows. Notification must be received by COMPANY 5 business days before your account is debited. NOTIFICATION FORM CAN BE PICKED UP AT COMPANY OFFICE.

Print Name _____ Print Name _____

Signature: _____ Signature _____

Date _____