

ACH AUTOMATIC PAYMENT AUTHORIZATION FORM

Checking/Savings

\$30 Registration fee MUST be paid by check, cash or card at the time of registration and returning this form. It will NOT be deducted by ACH payment.

Beginning on Aug 30th, 9 monthly payments will be deducted for your fees, then on the 30th day of each month or the last business day of each month thereafter. A record of the payment will appear on your bank statement. The last payment will be taken out on April 30th for May tuition. **The payment will be posted at least 7 days before it will be deducted.** *Once the payment has posted for the month, there are no refunds – you may continue classes until the end of the month or forfeit the tuition.* ACH will continue until we receive written notification that you are quitting or changing payment methods.

AUTOMATIC PAYMENT PLAN AGREEMENT

Athlete Name(s): _____

Monthly Payment(s): \$_____ to be deducted on the 30th or the last business day of the month.

Bank Account Holder's Name: _____
PRINT NAME EXACTLY AS IT APPEARS ON YOUR ACCOUNT

Bank Account Holder's Signature: _____ **Date:** _____

Signing above will authorize Studio 50 Gym, Dance & Cheer Center, to initiate debit entries for the monthly payments reflected above and further authorize the company to draw funds until the fees are paid in full or Studio 50 has received written notification from me of its termination in such time and such manner as to afford Studio 50 and the financial institution a reasonable time to act upon it. In the event of unsuccessful debits, I understand that I will be charged a \$30 fee for non-sufficient funds and that Studio 50 reserves the right to cancel this authorization and will notify me in writing of such action. If this preauthorization payment arrangement is revoked for any reason, this does not release you from your payment obligations. The transaction on your bank statement will constitute receipts for payment on your account.

Financial Institution: _____ Phone # _____

City: _____ State: _____ Zip Code: _____

Transit Routing Number: _____ Account # _____

****PLEASE ATTACH A VOIDED CHECK OR A COPY OF A CHECK TO THIS FORM****
(Registration check can be used!)

Or

Mark this box if banking information is the same as last year.