



CHEERSPORT ACADEMY

Hurricane All Stars

Phone: 225-243-5565

CSAHurricanes@gmail.com

Authorization Agreement for Hurricane All Stars Monthly Payments through ACH (Direct Deposit)

Parents Information:

Name: _____

Address: _____

Contact Number: _____ Email address: _____

I (we) hereby authorize CheerSport Academy to make ACH Transfer payments for tuition and other fees from the following account:

Bank Information:

Bank Name: _____

Bank Address: _____

Bank Account Number: _____ Bank Routing Number: _____

Type of Account: (Circle One) Checking Savings

(Please attach a voided check for the selected account or financial institution account verification letter to this form.)

Should your banking or contact information change please immediately contact the staff at CSA by email CSAHurricanes@gmail.com. This authority is to remain in force for the authorization of ACH (Direct) for tuition and other fees for the duration of the 2015-2016 Hurricanes Season or until written notification is received requesting that the direct debit method of payment be terminated.

Signature: _____ Date: _____