Dance Arts

ACH Debit Authorization Form

Authorization Agreement

I (we) hereby authorize **Dance Arts** to initiate entries to my (our) account at the financial institution named below. If necessary **Dance Arts** is authorized to initiate adjustments for any transactions in error. I (we) understand that charges declined by the financial institution will constitute grounds for cancellation of service/goods and that charges incurred will be subject to collection procedures. Debits returned unpaid or NSF are subject to a $FEE return payment fee. **Dance Arts** shall incur no liability if the balance in the account is insufficient to cover any debit upon presentment.

Further, I (we) agree not to hold **Dance Arts** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me (us) or by my (our) financial institution or due to an error on the part of my (our) financial institution in depositing funds to my (our) account.

This agreement will remain in effect until **Dance Arts** receives a written notice of cancellation from me (us) or my (our) financial institution, or until I (we) submit a form to **Dance Arts.**

Customer Account Information

Please print the information below

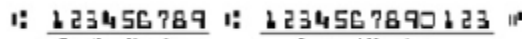Individual or Business Name: _____

Address: _____

_____

Name of Person(s) Authorized to Sign Checks: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

These numbers are located on the bottom of your check. Please do not use a deposit slip.

⑈ 123456789 ⑈ 1234567890123 ⑈'
Routing Number   Account Number

Account Type: ☐Checking   ☐Savings

Payment Type: ☐One-Time   ☐Recurring, frequency of debit _____

Payment Amount: ☐Varies -OR- ☐$_____

This should take effect: ☐ Immediately   -OR- ☐ As of this date: _____ (mm/dd/yyyy)

Authorized Account Holder Signature: _____   Date: _____

Printed Name: _____

>>>Please attach a voided check and return this form to **Dance Arts**. For business accounts please provide your financial institution the ACH Originator information below to ensure the debit(s) are not blocked or returned.

ACH Originator Name: _____
ACH Originator ID: _____
SEC Code Used: ☐CCD ☐PPD ☐ _____