

# Form: Automatic Withdrawal



## AUTOMATIC WITHDRAWAL FROM ACCOUNT / CREDIT CARD

The Account holder(s) named below hereby authorizes and requests Art in Motion Academy of Dance, Inc (the "Originator"), to effect debit entries for Direct Payments by initiating such entries to my/our account to my/our bank/credit card in our online account system. I/we authorize and request my/our bank/credit card to accept any such entries initiated by the Originator to such account, and to post the same to such account without responsibility for the correctness thereof. I/We also hereby authorize the Originator to effect credit reversing entries and adjustments for any unauthorized entries or any entries made in error to my/our account indicated below in the bank/credit card, and request bank/credit card to accept and post any such credit reversing entries and adjustments to such account without responsibility for the correctness thereof.

|                  |  |              |  |
|------------------|--|--------------|--|
| Student(s) Name: |  | Parent Name: |  |
|------------------|--|--------------|--|

|            |                |             |                  |
|------------|----------------|-------------|------------------|
| Frequency: | <b>Monthly</b> | Dance Year: | 20____ to 20____ |
|------------|----------------|-------------|------------------|

|  |  |
|--|--|
| Is your credit card information accurate and saved in our online account system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |  |
|---|--|
| I Understand that I am authorizing the Originator to automatically charge tuition to our card on file on <b>FIRST</b> of the month from September 1 <sup>st</sup> through May 1 <sup>st</sup> . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

|   |  |
|---|--|
| I Understand that the Originator will <b>automatically charge for any outstanding balances after the 10<sup>th</sup> of the month</b> , which include, but are not limited to: Registration fees, costume deposits, competition fees, summer sessions, dance store items and late fees. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

It is understood that this agreement may be terminated by me/us at any time by **WRITTEN NOTIFICATION** to the Originator and/or bank/credit card. Any such notification to the Originator shall be effective only with respect to entries initiated by Originator after receipt of such **WRITTEN NOTIFICATION** and a reasonable opportunity to act on it. Any such **WRITTEN NOTIFICATION** to the bank/credit card shall be effective only with respect to entries debited or credited to my/our account by bank/credit card after receipt of such **WRITTEN NOTIFICATION** and a reasonable time to act on it.

I/we acknowledge that the origination of transactions to our account(s) as indicated above must be performed in accordance with applicable laws, regulations, and orders.

|                           |  |
|---------------------------|--|
| Acct. holder name (print) |  |
|---------------------------|--|

|                        |  |      |  |
|------------------------|--|------|--|
| Acct. holder signature |  | Date |  |
|------------------------|--|------|--|

**PLEASE ENSURE CREDIT CARD INFORMATION IS CORRECT IN OUR ONLINE ACCOUNT SYSTEM.**