

AUTHORIZATION AGREEMENT FOR PRE AUTHORIZED TRANSFERS (Authorization)

I ("Customer") hereby authorize ("Dancer") to initiate the debit and/or credit entries indicated below.

Transfer Amount: Monthly Balance

Transfer Type: ACH

Transfer from:

Bank Name _____ Routing Number _____

City _____ State _____ Zip _____

Account Name _____ Account Number _____

Social Security #: _____ -Or- Drivers License # _____ State _____ &

Driver's Birthday _____

PLEASE ATTACH A CHECK MARKED "VOID"

OR

Credit Card Type _____ CVV# _____

Number _____

Expiration Date _____

Name on Card _____

Billing Address _____ (Street)

_____ (City) _____ (State) _____ (Zip Code)

This Authorization is to remain in full force and effect until Dancer has received written notification from Customer of its termination and Dancer has received a reinstated registration fee in such time and in such manner as to afford Dancer a reasonable opportunity cancel the Authorization.

Customer Completes

Customer Printed Name _____

Customer Phone Number _____

Signature _____ Dated: _____

Registration fees are waived for Customers who are signed up for and maintain the Automated Payment Plan. If you discontinue class before one payment is made, a registration fee is charged.

CUSTOMER SUBMITS THIS PAGE ONLY IF PARTICIPATING IN AUTO PAYMENT PLAN