

Amanda's Dance Express L.L.C. Electronic Funds Transfer Form

Dancer(s) Names _____

- As a duly authorized check signer on the financial institution account identified below, I authorize "Amanda's Dance Express L.L.C." to perform scheduled, periodic electronic funds transfer debits from my account identified below for payments due or when applicable.
- Furthermore, if any such scheduled electronic debit(s) should be returned by my financial institution as **Declined**, I authorize, "Amanda's Dance Express L.L.C.", to collect a **declined item fee of \$40.00 per item** by electronic debit from my account identified below in addition to a re-draft of an amount equal to the returned draft.
- I understand that should I request an individual monthly draft be cancelled or rescheduled; a \$25.00 Change Fee will become due and will be added to the amended draft date as requested.
- For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.
- I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Credit/Debit Card Authorization

Please complete the following fields to use your credit or debit card for regular, scheduled draft payments.

Card Type _____ Card # _____ Expiration date: _____ CVV# _____

Cardholder's Name: _____ Signature: _____ Date: _____

I understand that at any time I may login to my ADX account online to review the current status of my account and further that it is my responsibility to keep my credit card information updated and to verify that the drafts are occurring as scheduled. I further understand that at any time I can login to my ADX account and make interim payments to my account with the understanding that the drafts scheduled below will draft only the BALANCE DUE of an item on the draft date.

- I authorize "Amanda's Dance Express L.L.C." **to draft an amount equal to ALL** unpaid tuition **plus** any unpaid Late Fees and Declined Fees on the 25th day of each calendar month August 2017-April 2018. (PP)
- I authorize "Amanda's Dance Express L.L.C." **to draft the balance due of my dancer(s) Concert Fees** on October 7, 2017. (PP)
- I authorize "Amanda's Dance Express L.L.C." **to draft the balance due of my dancer(s) Costume Fees** on December 9, 2017. (PP)
- I authorize "Amanda's Dance Express L.L.C." **to draft my Performing Company dancer(s) CCR Fees** in the amount of _____ on the _____ day of each month for the seven months due after my initial CCR down payment September 2017 – March 2018. *See the office for assistance with the draft amount calculation.* (AN)

Amanda's Dance Express Withdrawal Policy: You must notify our office 30 days prior to the first day of the month that your child is terminating by completing a formal withdrawal form. **Failure to give notice of a withdrawal will result in continuing charges and the forfeit of your last month's tuition deposit.** Automatic drafts will continue until a withdrawal form is completed.

Customer Billing Information

Billing Address: _____

Street Address

City

State

Zip

Phone: _____ email: _____