



2873 E 14 N Ammon, Idaho 83401-4846 (208) 522-0176

Parent's Name:
Dancer's Name(s):

E-Check OR Credit Card Payment Authorization Form

Schedule your payments or fees to be withdrawn from your bank account on a day that is convenient for you. Just complete and sign this form to get started! You authorize regularly scheduled charges to be withdrawn from your bank account, on a day of the month that works for you. (If that day happens to fall on a Friday, Saturday, or Sunday, it will be taken out the next Monday).

E-Check Payments Will Make Your Life Easier:

- It's convenient (saving your time and postage, no need to write checks)
Your payment can be on time (even if you're out of town), eliminating late charges
There is no fee to use this service.
You can use e-check to pay anything that gets paid to Extreme (e.g., Tuition, Costume Fees, Choreography, Camps, Studio Rental, etc.)

Please complete the information below:

I \_\_\_\_\_ authorize Extreme Ballroom Company to charge my \_\_\_\_\_ indicated
(Full name) (Bank account type)

below for fees that (choose at least one):

- I will notify Extreme by phone, e-mail, text, or by telling my child to authorize when and how much to e-check
I would like to authorize just my monthly tuition to be taken out on the \_\_\_\_\_ day of each month.
I would like my entire balance on my account taken out on the \_\_\_\_\_ day of each month.

Table with 2 columns: Bank Name, Bank Account Type, Bank Routing Number, Bank Account Number. Header: My checking account information is as follows OR attach a voided check here:

If you would like to use a credit card to pay your fees you may check and option(s) above, and fill out the information below.

Table with 2 columns: Name on Card, Card Account Number, Expiration Date, Security Code. Header: My credit card on file information:

This payment authorization is to remain in full force until I notify Extreme Ballroom Company of its cancellation by sending written notice in such time and in such manner to allow both Extreme Ballroom Company and receiving financial institution a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_