



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Schedule your payments or fees to be withdrawn from your bank account on a day that is convenient for you.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 You authorize regularly scheduled charges to be withdrawn from your bank account, on a day of the month that works for you.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.

My checking account information is as follows OR attach a voided check here:	
Bank Name	Bank Account Type
Bank Routing Number	Bank Account Number

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.

My credit card on file information:	
Name on Card	Card Account Number
Expiration Date	Security Code

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: _____