

Shadowridge Dance Center

Automatic Payment Authorization Agreement

STUDENT'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Email: _____ PHONE: _____

CLASSES TO BE TAKEN: _____

AMOUNT TO BE DEBITED ON THE 10TH OF THE MONTH: \$_____._____

I (we) authorized Shadowridge Dance Center to withdraw from my checking account the monthly dance tuition fees. (Amount indicated above) I agree to have this debit remain in effect until I provide Shadowridge Dance Center, in writing, a thirty (30) day cancellation notice.

AUTHORIZED SIGNATURE: _____

DATE: _____

PLACE VOIDED CHECK HERE