

ACH / Credit Card Payment Authorization



You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize New Dimensions Dance Academy to charge my Credit Card or Bank Account below for \$ _____ beginning on _____ (Date) every Month.

Goods / Services Rendered: Monthly Class Tuition

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

☐ - Visa ☐ - MasterCard ☐ - AMEX ☐ - Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____/____ Security Code (CVV) - _____

Bank (ACH) Information

☐ - Checking Account ☐ - Savings Account

Name on Account - _____

Bank Name - _____

Account Number - _____ Routing Number - _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature _____ Date _____

For Office Use Only

Received by _____