

Kirkpatrick's School of Dance
Electronic Funds Transfer Payment Deduct Form

NAME (ON ACCOUNT): _____

DANCER'S NAME _____

BILLING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME# _____ CELL# _____

TUITION AMOUNT _____

FORM OF PAYMENT
(SELECT THE APPROPRIATE INFORMATION)

_____ CHECKING ACCOUNT: PLEASE ATTACH A VOIDED CHECK TO THIS FORM (NO DEPOSIT SLIPS)

BANK NAME: _____

BANK ROUTING NUMBER#: _____

BANK ACCOUNT # _____

_____ CREDIT CARD

CARD TYPE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ CVV# _____

EXPIRES _____

I AUTHORIZE KIRKPATRICKS SCHOOL OF DANCE TO WITHDRAW MY MONTHLY TUITION DUES FOR THE 2010-2011 DANCE SEASON.

TERM: THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL I HAVE GIVEN KIRKPATRICKS SCHOOL OF DANCE WRITTEN NOTICE OF IT'S TERMINATION BEFORE THE 25TH OF THE NEXT MONTH TUITION IS DUE OR UNTIL JULY 1, 2011.

IF YOUR CREDIT CARD EXPIRES BEFORE JUNE 2011, YOU WILL NEED TO INFORM OUR OFFICE WITH THE NEW EXPIRATION DATE BEFORE THE 25TH OF THE MONTH PRIOR TO THE NEXT PAYMENT DUE DATE TO AVOID A FAILED TRANSACTION.

SIGNATURE _____

PRINTED NAME _____

DATE _____