



## **2023—2024**ACH Payment Agreement Form

For Automatic Withdrawal Authorization

AUTOMATIC BANK PAYMENT INFORMATION NEEDED  RETURNING FAMILIES: If you used the ACH method last year and would like us to use the same account information this year, please initial in box.  NEW FAMILIES please fill out account information below  Account Type:   Checking   Savings    Name on Acct: Bank Name: Routing Number:  Account Number:  PAYMENT TERMS  The first payment will include both September or your first month of class, PLUS the last month of classes (May). The remaining payments will be divided among the rest of the classes (typically 7 additional months—Oct, Nov, Dec, Jan, Feb, Mar, Apr). One month notice from the first of the month is required to discontinue any class. To withdrawal, you must inform the front desk staff AND complete a withdrawal form provided by the front desk. We DO NOT refund the last month payment. Please visit our website or ask at the front office if you have questions about this or would like to see an example. 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.  Lunderstand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Village Dance Studio in writing of any changes in my account information of this authorization at least one month prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that the payment may be executed on the next business day. I understand that the payment may be executed on the next business day. I understand that the payment may be executed on the next business day. I understand that the payment may be executed on the next business day. I understand that the advanced provides that the payment may be executed on the next business day. I understand that the payment dates fall on a weekend or holiday, I understand that the payment may be execu	<b>Thank you for choosing the ACH monthly payment plan!</b> Please fill out this form completely and legibly. Your payments will be withdrawn on the 10th of each month (September-April) or the Monday after, if date falls on a weekend. Proof of payment will appear on your bank statement.										
Dencers Name(s):	RESPONSIBLE	PARTY									
Dencers Name(s):	Parent/Guardian	Name(s):									
Phone #:											
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Account Type: Checking Savings Name on Acct: Bank Name: Routing Number: Account Number: Accoun	AUTOMATIC BA	ANK PAY	MENT INF	ORMATIO	N NEEDE	D					
Account Type:   Checking   Savings   Name on Acct:   Bank Name:   Routing Number   Account Number   Routing Number:   Account Number:   Ac	RETURNING FAI	<b>IILIES:</b> If y	ou used the	ACH metho	od last year	and would li	ke us to use	the same a	ссо	unt information this year, please initial in box.	
Name on Acct: Bank Name: Routing Number: Account Number: Accou	NEW FAMILIES p	lease fill o	ut account	informatio	n below						
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