

In Motion Dance Center

Auto-Recurring Payment Authorization Form

(Please Print)

Student's Name(s): _____

ACH PAYMENT AUTHORIZATION

Account Holder Name: _____

Name of Financial Institution: _____

Bank Account #: _____ Bank Routing #: _____

Checking or Savings

(To ensure proper handling, please attach a voided check of the account to be debited)

OR

CREDIT CARD PAYMENT AUTHORIZATION

Card Holder Name: _____

Credit Card #: _____ Visa Mastercard

Exp Date: _____ Security Code(CCV): _____

Card Billing Address: _____

I hereby authorize In Motion Dance Center to initiate monthly debit or charge entries to my account listed above in the amount of: \$ _____

I acknowledge that the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law. I understand that a monthly debit or charge will be made to my bank account or credit card account on or after the 1st day of each month (if the 1st falls on a weekend or holiday, the debit or charge will occur on the next business day). If my bank account or credit card information listed above changes for any reason, a new authorization form will be completed by me promptly. This authorization shall remain in effect through June 1st of the current season or until In Motion Dance Center has received written notification from me of its termination. Written notification of the termination must be received no later than the 15th of the month or the next month's full tuition will be automatically withdrawn from my account and not refunded or credited. In the event of insufficient funds or a declined charge, my account will be charged a \$15.00 service fee in addition to my regular monthly tuition payment.

Signature: _____ Date: _____

Please email me proof of payment every month.

Email Address: _____

Return to:
In Motion Dance Center
835 Arnold Drive #5
Martinez, CA 94553