



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

As a duly authorized check signer on the financial institution account identified below, I authorize Jane Baron's Academy of Dance to perform the scheduled or periodic electronic funds transfer debits from my account identified below for payments due.

Transaction Type (**or until authorization revoked)		*Start Date _____
Monthly _____	Quarterly _____	Amount _____
Bi-Yearly _____ (5% discount available)	Yearly _____ (10% discount available)	

\*Transaction will post on or after the date indicated.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Jane Baron's Academy of Dance, to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

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I understand and authorize all of the above as evidenced by my signature below.

PARENT NAME (print) \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

PARENT PHONE \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Financial Institution account information or attach voided check:**

Complete or Attach VOID Check	Bank Name	Branch Name
	9 Digit Transit/ABA #	Account #

\*\*This authorization is to remain in full effect for the time given unless Jane Baron's Academy of Dance has receives **written notification of its termination** in such time and in such manner as to afford Jane Baron's Academy of Dance a reasonable opportunity (within 30 days) to act on it or the until the term of the authorization expires. The notice form will be provided to the customer upon request of the Academy director and should be filled out and sent to P.O Box 5031 Limerick, Pa 19468