



Jane Baron's
Academy of Dance

Part 1

I give permission to Jane Baron's Academy of Dance to terminate auto-pay tuition deductions for dance classes beginning on _____.

| | |
|-----------------|--|
| Parent Name | |
| Student Name(s) | |
| Parent Email | |
| Parent Phone | |

Part 2

Reason for termination: (brief explanation)

Part 3

Signature _____

Date _____