

BALLET • TAP



• JAZZ • HIP HOP

DuHADWAY DANCE DIMENSIONS

1740 WRIGHT AVE., ALMA, MI 48801
989•46DANCE e-mail: dudance1@chartermi.net
www.danceddd.org

JILLIAN & ROB DUHADWAY

Authorization Agreement for Electronic Funds Transfer to DuHadway Dance Dimensions

I hereby authorize DUHADWAY DANCE, to initiate debit entries to my

___ Checking ___ Savings account (select) indicated below and the depository bank named below for the
period September 2011 through June 2012 for dance lessons and associated fees.

I understand that if the funds transfer is denied due to insufficient funds I will be charged a fee of \$25.

DEPOSITORY/BANK NAME _____ BRANCH _____

TRANSIT/ABA NO./ROUTING NO. _____ ACCOUNT NO. _____
(9 digit number at bottom of right of your check) (include all numbers)

This authority is to remain in full force and effect until DUHADWAY DANCE DIMENSIONS and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford DUHADWAY DANCE DIMENSIONS and DEPOSITORY a reasonable opportunity to act on it.

TUITION OPTIONS

MONTHLY Please debit my account on the 1st ___ or 15th ___ of the month for tuition
September 2011 to May 2012 in the amount of \$_____.

WHOLE YEAR Please debit my account for the full year payment of \$_____ on
September 10th ___ or 15th ___.

HALF YEAR Please debit my account for two half year payments of \$ _____ on
September 10th ___ or 15th ___ and January 1st ___ or 15th ___.

COSTUMES Please debit my account on October 1st ___ or 15th ___, 2011 for \$50
for ___(no.) class(es) recital costume(s).

NAME (please print) _____

DATE _____ SIGNED _____