

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized cheque/credit card signer on the financial institution account identified below, I authorize **Port Perry Dance Academy** to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below and/or on Schedule A (attached) for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to **cheque/authorization by phone** payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. The maximum periodic amount will be less than \$800.

Furthermore, if any such electronic debit(s) should be returned by my financial institution for **any** reason, I authorize, **Port Perry Dance Academy**, to collect a returned item fee of **\$35.00** 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.

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

Please print name

AUTHORIZING SIGNATURE: _____ DATE: _____

**Please Attach Personalized
Void Cheque Here**

30-Day written notice required to withdraw from classes and stop payments.

Date*	Detail	Amount	Authorization
July	Registration Fee	25.00	
September	Tuition		
October	Tuition		
	Costuming		
November	Tuition		
December	Tuition		
January	Tuition		
February	Tuition		
March	Tuition		
April	Tuition		
May	Tuition		
June	Tuition		

Date Choices as follows: Monthly: on the 1st each month Monthly on the 15th of each month

AUTHORIZING SIGNATURE: _____ DATE: _____