

Recurring E-Check Transactions Authorization

(Please Print Clearly)

Customer Name _____ Student Name(s) _____

Telephone Number: _____ Driver's License # _____

Bank Account Type: Checking _____ Savings _____ Business Checking _____

Bank Routing Number: _____ Bank Account Number _____

Please provide us with a voided check to set up your E-Check auto-debited tuition payments. I authorize Southern Dance Theatre to process an electronic debit from my bank account on the 1st of each month, beginning with my second installment. **If the 1st of the month falls on a Saturday or Sunday, tuition installments will be debited on the Friday before. Therefore, my final tuition installment will be charged to my account on May 30, 2025.** I understand that if I wish to discontinue this method of payment, I must notify the office by the 25th of the previous month with the new payment authorization. Failure to notify will result in the continuation of processing my current E-Check tuition.

A returned E-Check will result in a \$10.00 bank fee invoiced to your account. After the 10th of the month, an additional \$15.00 late fee will be charged to the account if the returned tuition and bank fee are not paid in full. After the 15th of the month, if the returned installment, bank fee, and late fee are not paid in full, students will not be permitted to attend class. Three returned or declined ECheck tuition payments will require full payment of the annual tuition balance, which must be paid with a money order or cashier's check.

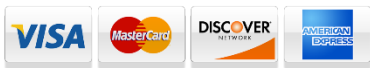
Monthly Installment: \$ _____ + \$3.00 Monthly Bank Fee = \$ _____

Total Number of Installments: _____

Billing Begins: _____ Final Billing: **May 30, 2025**

It is my responsibility, as the customer, to ensure my information is current and updated at all times.

E-Check customers are required to have a credit card (no debit cards) on file with Southern Dance Theatre. In the event an E-Check payment is returned, the tuition plus a \$10.00 return fee will be billed to your credit card listed below, with a 4% card processing fee. If I wish to update or change my credit card on file, I must notify Southern Dance Theatre by the 25th of the previous month with the new credit card information.



(Circle One)

Credit Card # _____ Exp Date _____ / _____ 3 Digit Code _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

_____ I have reviewed and agree to the terms of the recurring E-Check transaction authorization.

Signature: _____ Date: _____