



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
2011/12 SCHOOL YEAR

(Optional)

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Automatic Credit/Debit Card Payment Information

<input type="checkbox"/>	Card Type:	Card #
	Expiration Date:	CVC (Card Verification Code)

ACH Direct Payment – Bank Draft Information

If choosing this option, please attach a voided check.

<input type="checkbox"/>	Bank Name:	Account #
	Account Type:	ABA# (9 digits)

By completing and signing this form you are authorizing Ballet Austin to charge the account specified above on the first of each month that tuition is due. This authority is to remain in effect through the end of the 2011/12 school year (May, 2012) or until tuition for the 2011/12 school year is paid in full. A \$10 fee will be incurred for a returned bank draft. A \$5 fee will be incurred for recurring declines of the credit/debit card on file.

Billing Name

Student Name

Billing Address

City

State

Zip Code

Billing Signature

Date

OFFICE USE ONLY

ID _____

BILLING CONTACT _____