



ACH Payment Authorization Form

Schedule a recurring payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Here's How ACH Payments Work:

You authorize regularly scheduled charge to your checking or savings account. You will be charged the amount shown below. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Columbia Conservatory of Dance to charge my bank account on the **1st of the month** as indicated below for the following scheduled amount for payment of my child's tuition:

Amount: _____

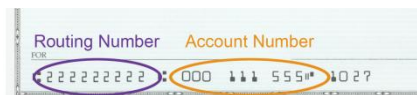
Recurring Payment Schedule

Start Month: Sept. 2021

End Month: May 2022

Bank Account

Checking Savings
Name on Acct: _____
Bank Name: _____
Account Number: _____
Bank Routing #: _____
Bank City/State: _____



Billing Address

Billing Address: _____
City: _____
State: _____
Zip Code: _____
Phone#: _____
Email: _____

SIGNATURE _____

DATE _____

For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **CCD** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that CCD may at its discretion attempt to process the charge again within 30 days, and agree to an additional CCD charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.