



EFT Authorization Agreement for Automatic Withdrawals

I (we) authorize Miller's Center Stage Dance Academy, LLC, to initiate monthly debit entries to the checking account shown below. I (we) understand this authorization will continue until Miller's Center Stage Dance Academy, LLC receives my (our) written termination agreement and my (our) depository institution has a reasonable amount of time to act on it. I (we) agree to receive notice of the amount to be withdrawn only when the amount has changed from the previous draft amount by \$5.00 or more. I (we) understand that if a payment is currently due, I (we) am responsible to make that payment using another method and agree to pay the \$25 NSF funds amount should my checking account not have sufficient funds for the automatic withdrawal. This agreement will remain in full force and effect for the 2017-2018 dance session.

Deductions from your checking account will be made each month between the 20th-25th from the date this form is signed until May, 20, 2018. Each automatic withdrawal will be charged \$0.50 processing fee.

I (we) acknowledge that any transactions authorized by this agreement must comply with the provisions of the U.S. law. This information will be stored in a secured location and will not be given out.

Your Name(s): _____

Your Bank's Name: _____

Your Bank's routing/transit number: _____
(usually the first nine digits listed on the bottom left corner of your check)

Your Bank Checking Account Number: _____
(usually the next set of numbers listed on the bottom of your check)

Authorization Signature

Date