

The Dance Factory, Inc.

5669 Austell Powder Springs Rd.
Austell, GA 30106
770-944-3776



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It is convenient (saving you time and postage)
- Your payment is always on time (even if you are out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or debit/credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." **Tuition payments will auto draft by end of day on the 1st of every month. Please make sure funds are available if there are insufficient funds you will be charged \$38.00. Please note there is no grace period. If in the event there are unforeseen circumstances and your tuition payment ca not be drafted, please email the studio within 24 hours of scheduled auto draft.**

NOTE: There is a \$20.00 late charge if your tuition is not paid on time

Please complete the information below:

I _____ authorize **The Dance Factory, Inc.** to charge my debit/credit card
(full name)

indicated below or draft my checking/savings account for _____ or part thereof on the _____ of each
month for payment of my **tuition fee(s)**.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings

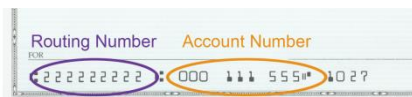
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Debit/ Credit Card

☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **The Dance Factory, Inc.** 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 payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, 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 **The Dance Factory, Inc.** may at its discretion attempt to process the charge again within 15 days, and agree to an additional **\$38.00** 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 certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.