

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM FOR CHECKING
AMERICAN YOUTH DANCE THEATER 2024-2025**

As a duly authorized signer on the financial institution account identified below, I authorize American Youth Dance Theater to perform scheduled or periodic electronic funds, transfer debits, and/or credits from my checking account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. **I understand that there are 5 payments per semester. For the Fall Semester I will be charged during the months of August through December, or September through January—depending on when you register—and for the Spring Semester I will be charged during the months of February through June.**

Upon signing this form I understand that I am committing to the entire semester and that if my child drops out after the 2nd week of the semester, I will continue to be charged for the remainder of the contract term.

Furthermore, if any such electronic debit should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize American Youth Dance Theater to collect a returned item fee of \$20.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

JUNIOR CLASSES	One Semester Auto pay	Select (v)
1 class/week	5 payments of \$164.40	
2 classes/week	5 payments of \$308.23	
3 classes/week	5 payments of \$444.49	
SENIOR CLASSES	One Semester Auto pay	Select (v)
1 class/week	5 payments of \$168.40	
2 classes/week	5 payments of \$316.03	
3 classes/week	5 payments of \$455.89	
4 classes/week	5 payments of \$587.98	
5 classes/week	5 payments of \$712.30	
6 classes/week	5 payments of \$828.85	
Technique 1, 2, 3	5 payments of \$139.86	
Pre-Pointe 2X/week	5 payments of \$89.29	
Beginner Pointe 2X/week Beg/Intermediate Pointe 2x/week Int/Advanced Pointe 2x/week	5 payments of \$100.97	
Comp Team JR	5 payments of \$164.41	
Comp Team SR	5 payments of \$156.67	

FINANCIAL INSTITUTION ACCOUNT IDENTIFYING INFORMATION:

Please fill in all areas completely.

My child's (ren's) name is: _____ TOTAL MONTHLY PAYMENT _____

I understand and authorize all of the above as evidenced by my name and signature below.

Name on Account & Parent Name if different:	Signature of Account Holder:	
Financial Institution:	City/State:	Zip Code:
Routing #	Account #	