



**AUTHORIZATION AGREEMENT FOR  
AUTOMATED ACH TRANSACTIONS**

I authorize **Lisa's Dance Connection** to initiate debit entries to my account as indicated below. A 30 day notice in writing must be given to Lisa's Dance Connection prior to discontinuing classes / payments. This authority is to remain in effect until Lisa's Dance Connection has received notification from the Sending party of its termination. Notification must be sent in such time and in such manner as to afford Lisa's Dance Connection a reasonable opportunity to act on it. *A \$25.00 NON-PAYMENT FEE WILL BE ASSESSED IN THE EVENT OF AN ACH RETURN.*

Account Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account# \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

***To be completed by LDC  
office staff:***

Tuition Transaction Amt: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Recital Transaction Amt: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Competition Transaction Amt: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_