

Authorization for Direct Payment

Dynamic Cheer & Dance LLC



I authorize Dynamic Cheer & Dance LLC and the financial institution named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel or the registered class session has ended in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 5 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(MY SIGNATURE)

(DATE)

(PARENT NAME & MAILING ADDRESS, CITY, STATE, ZIP - PLEASE PRINT)

(STUDENT NAME AND CLASS ENROLLED - PLEASE PRINT)

Account No. _____ Checking or Savings

Amount of Withdrawal \$ _____ on the 5th day of each month.

Financial Institution Routing Number _____
(Between these symbols ■ ■ on the bottom left of your check)

Please attach a voided check to the top portion of this page and keep the bottom for future reference.

RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

Dynamic Cheer & Dance LLC, 1720 Frontier St, Brandon, SD 57005
(BUSINESS INFORMATION)

to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Monthly Tuition payment amount: \$ _____
(if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Amount will be withdrawn on the 5th day of each month.