

# Ballet Academy Ventura

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Ballet Academy Ventura to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to **check by phone** payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$750

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Ballet Academy Ventura, to collect a returned item fee of \$25.00 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.

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

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

### Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	Financial institution:	Branch:	
	City:	State:	ZIP CODE:
	9 Digit Transit/ABA #	Account #	

### Credit Card Authorization

I authorize Ballet Academy Ventura to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. The maximum amount will be less than \$750

Card Type: \_\_\_\_\_ Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Cvv2 # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ --