



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)  
& CREDIT CARD AUTO PAY 2023-24**

I (we) hereby authorize Piazza Dance Company hereinafter to initiate debit entries to my (our) Checking Account or Savings Account indicated below at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

<b>Choice #1</b> Direct Withdrawal from Financial Institution (ACH) Institution: _____  Account # _____ Routing # _____ Please indicate account type with a check mark: Checking Account? <input type="checkbox"/> OR Savings Account? <input type="checkbox"/> <b>My credit card information shall be kept on file and charged if, for any reason, my ACH account payment cannot be completed:</b> Name on Card: _____ Card Type & #: _____ CVV: _____
---

**OR**

<b>Choice #2</b> Credit Card Withdrawal**  Card # _____  Exp Date _____ Security Code _____  Street Address _____ City/State/Zip _____  <b>**Please note a \$5 fee will be charged per credit card transaction.</b>
---

**Your entire Balance shall be deducted monthly!**

***Entire Balance is any amount currently due; such as tuition, competition fees, costumes, convention fees, etc.***

*This authorization is to remain in full force and effect until Piazza Dance Company has received written notification from me (or either of us) of its termination. Please allow 30 days from the date of your written request to terminate, as to afford Piazza Dance Company and your financial institution a reasonable opportunity to act upon it.*

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

**\*\*\*Please be aware that your final two account payments are withdrawn together in May.\*\***

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