



Recurring Payment Authorization Form

I authorize regularly scheduled charges to my checking/savings account to be debited by the Citadel Dance & Music Center on or around the 5th day of each month. I agree that no prior-notification will be provided to me by the Citadel. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Citadel in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that The Citadel may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$10 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Please complete the information below:

I _____ authorize The Citadel Dance & Music Center to debit my account
(first and last name)

indicated below for payment on the fifth (5th) of each month for payment of lesson tuition.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account Information:

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Routing Number Account Number

000000000 000 111 555 1022

**Please complete the
Account Information
Section, and also
attach a voided
check to this form**

SIGNATURE _____

DATE _____