

Electronic Payment (EFT) Registration Form

I hereby authorize **All About Dance** to debit my Checking account at the financial institution listed below on the 1st day of each month in the amount specified below for tuition payment.

Bank _____ Account No. _____

Routing Number: (9 digits on the bottom of your check or deposit slip):

Name of Account Holder (Please PRINT): _____

Date of First Payment: _____

Payment Amount: _____

I understand that **All About Dance** will withdraw funds directly from my bank account as indicated above.

I understand that these payments will continue until I notify **All About Dance** to discontinue them. I understand that if I need to change my account information, I can do so by phoning **All About Dance @ 480-860-8660**.

Signature: _____

Date: _____

****Please return this form with a Voided Check attached****

----- Please do not write below this line. -----

Date: _____

Student Number: _____

Student Name: _____

Family Number: _____

Family Name: _____