

AUTHORIZATION FOR DIRECT PAYMENT

I AUTHORIZE HOLLY'S CENTRE STAGE DANCE

(COMPANY NAME)

TO INITIATE ENTRIES TO MY CHECKING/SAVINGS ACCOUNT. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I NOTIFY YOU IN WRITING TO CANCEL IT IN SUCH TIME AS TO AFFORD THE COMPANY A REASONABLE OPPORTUNITY TO ACT ON IT. I CAN STOP PAYMENT OF ANY ENTRY BY NOTIFYING MY FINANCIAL INSTITUTION 3 DAYS BEFORE MY ACCOUNT IS CHARGED.

NAME OF DANCER _____ NAME ON ACCOUNT _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME OF FINANCIAL INSTITUTION _____ BRANCH _____

CITY OF FINANCIAL INSTITUTION _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

FINANCIAL INSTITUTION ROUTING NUMBER _____ ACCOUNT NUMBER _____

(PLEASE CIRCLE WHICH TYPE OF ACCOUNT THIS IS) CHECKING SAVINGS

INITIAL PAYMENT AUTHORIZATION DATE _____

PAYMENT AUTHORIZATION AMOUNT \$ _____

RETAIN FOR YOUR RECORDS

ON _____, I AUTHORIZED HOLLY'S CENTRE STAGE DANCE AT 20721 HOLYOKE AVE. LAKEVILLE, MN 55044 952 469 1013 STUDIO@HOLLYSDANCE.COM WWW.HOLLYSDANCE.COM TO INITIATE ELECTRONIC ENTRIES TO MY CHECKING/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.

INITIAL PAYMENT AUTHORIZATION DATE _____

INITIAL PAYMENT AMOUNT: \$ _____

REGULAR PAYMENT DATE: _____ THE 1ST OF EACH MONTH _____