

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
To DaySpring School of the Arts – Regular Classes

I (we) hereby authorize DaySpring School of the Arts to initiate debit or credit card entries to my (our)

- Checking Account Savings Account Credit or Debit Card (4% convenience fee)

Indicated below at the depository Institution named below, and to debit the same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of US law. These records will be kept private.

Bank Name (and card type) _____
 Routing Number _____ Account Number _____
 Exp. Date _____ Security Code _____
OR CC # _____

Student(s) _____

Class Department _____ Total Hours _____

Initial Amount Semester price <small>To be filled in by office</small>	Dates to occur	Monthly Payment	Transaction Total	Date Done
	1 st Payment			
	September 1 st			
	October 1 st			
	November 1 st			
	December 1 st			
	January 1 st			
	February 1 st			
	March 1 st			
	April 1 st			
	May 1 st			

This authorization is to remain in full force and effect according to the registration agreement made, and until DaySpring has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Dayspring and the depository a responsible opportunity to act on it. I acknowledge I will be billed a 4% convenience fee for any transaction using a credit card or debit card.

 Account Holders' Name - Please print

 Please sign

 Account Holders' Name - Please print

 Please sign

Phone Number _____

Date _____

Email Address _____