

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**  
**To DaySpring School of the Arts – Private Lessons**

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 \_\_\_\_\_

OR CC # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_

Type of Lesson \_\_\_\_\_ Length of Lesson \_\_\_\_\_

<b>Initial Amount Semester price</b> To be filled in by office	<b>Dates to occur</b>	<b>Partial Amount (25% or more _____)</b>	<b>Transaction Total</b>	<b>Date Done</b>
	May 15 <sup>th</sup> (or 1 <sup>st</sup> Payment)			
	July 1 <sup>st</sup>			
	August 3 <sup>rd</sup>			
	September 15 <sup>th</sup>			
	October 15 <sup>th</sup>			
	November 15 <sup>th</sup>			
	January 7 <sup>th</sup>			
	February 15 <sup>th</sup>			
	March 15 <sup>th</sup>			
	April 15 <sup>th</sup>			

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 transactions 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 \_\_\_\_\_