

DIRECT DEBIT PAYMENTS

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize Tricia Sloan Dance Center, LLC (hereinafter called COMPANY) to initiate debit entries in the amount indicated on the provided payment schedule to my account indicated below at the bank or other financial institution named below (hereinafter called BANK), and to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until the Tricia Sloan Dance Center has received written notification from me of its termination in such time and in such manner as to afford COMPANY or BANK a reasonable opportunity to act on it.

PARTICIPANT INFORMATION

NAME: _____
Please type or print

BY: _____
Participant's Signature

DATE: _____

Phone #: _____

BANK ACCOUNT INFORMATION

(Attach copy of voided check)

Bank Name: _____

Bank Account #:

9-Digit Transit Routing #: _____ [] Checking OR [] Savings

COMPANY INFORMATION

Company Name: Tricia Sloan Dance Center, LLC

Signature of Company Representative: _____

ATTACH VOIDED CHECK HERE