



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Student:	Parent or Guarantor:	
Address:	Zip:	Phone:

As a duly authorized signer on the financial institution account identified below, I authorize Wasatch Ballet Conservatory to perform monthly scheduled or periodic electronic funds transfer debits and/or credits from my checking/savings account or credit/debit card identified below for payments due or when applicable. Only Visa or MasterCard accepted. I understand the dollar amount can vary depending on services performed.

The automatic tuition payment will be deducted monthly from this account. Other fees or purchases may be deducted by this account as requested by the Guarantor. This authorization will remain in force until WBC has received written notice from us of its termination, at least 10 days in advance. Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Wasatch Ballet, to collect a returned item fee of \$20.00 per item by electronic debit from my account identified below. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE:

DATE:

	AMOUNT	DATE
FIRST PAYMENT AMOUNT:	\$	
	¢	4ST week of each month
MONTHLY TUITION PAYMENT:	\$	1 st week of each month

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOIDED check.

FOR CREDIT OR DEBIT CARD AUTOPAY:

Name as it appears on card:	Master Card	Visa
Card #:	Exp Date:	

FOR CHECKING OR SAVINGS AUTOPAY:

rm or VOID here.	Financial institution:	Branch:	
nplete foi h Blank Check	City:	State:	ZIP CODE:
Comp attach	Transit/ABA #	Account #	