



STUDENT NAME: _____
 CLASS: _____
 START DATE: _____

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please Complete the information below:

I _____ (Full Name) authorize Davis Studio to make changes to my bank account indicated below on the 1st of the month for the payment of my Creative Path to Drawing tuition for 1 students. 8 payments of \$145 will be made after my initial deposit. Payments will commence on Oct. 1, 2019. The Last payment will be May 1, 2019.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking Savings

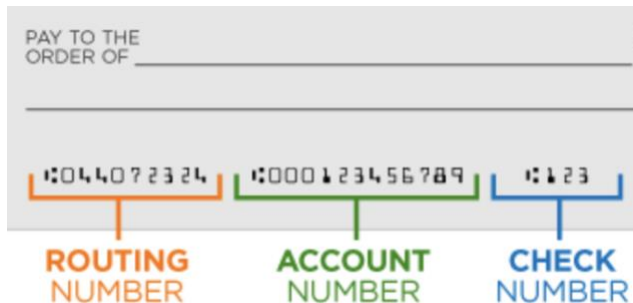
Name on Acct: _____

Bank Name: _____

Account Number: _____

Bank Routing #: _____

Bank City/State: _____



SIGNATURE: _____ DATE: _____

I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I CANCEL IT IN WRITING, AND I AGREE TO NOTIFY DAVIS STUDIO IN WRITING OF ANY CHANGES IN MY ACCOUNT INFORMATION OR TERMINATION OF THIS AUTHORIZATION AT LEAST 15 DAYS PRIOR TO THE NEXT BILLING DATE. IF THE ABOVE NOTED PERIODIC PAYMENT DATES FALL ON A WEEKEND OR HOLIDAY, I UNDERSTAND THAT THE PAYMENT MAY BE EXECUTED ON THE NEXT BUSINESS DAY. I UNDERSTAND THAT BECAUSE THIS IS AN ELECTRONIC TRANSACTION, THESE FUNDS MAY BE WITHDRAWN FROM MY ACCOUNT AS SOON AS THE ABOVE NOTED PERIODIC TRANSACTION DATES. IN THE CASE OF AN ACH TRANASCTION BEING REJECTED FOR NON SUFFICIENT FUNDS (NSF) I UNDERSTAND THAT DAVIS STUDIO MAY, AT ITS DISCRETION, ATTEMPT TO PROCESS THE CHARGE AGAIN WITHIN 30 DAYS, AND AGREE TO AN ADDITIONAL \$50 CHARGE FOR EACH ATTEMPT RETURNED NSF WHICH WILL BE INITIATED AS A SEPARATE TRANSACTION FROM THE AUTHORIZED RECURRING PAYMENT. I ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTION TO MY ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW. I AGREE NOT TO DISPUTE THIS RECURRING BILLING WITH MY BANK SO LONG AS THE TRANSACTIONS CORRESPOND TO THE TERMS INDICATED IN THIS AUTHORIZATION FORM.