Legacy DANCE & GYMNASTICS

Automatic Payment Authorization

Payment Date

10th ☐

25th ☐

Guardian Name: _____ Student Name: _____

CREDIT CARDS:

☐ **I hereby authorize Ryan Studio Enterprises DBA Legacy Dance & Gymnastics to initiate charges to my credit card, listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Ryan Studio Enterprises is notified by me in writing to cancel it at such time as to afford Ryan Studio Enterprises and the financial institution a reasonable opportunity to act on it.**

- ☐ **Only charge the regular monthly amount. Amount: $ _____**
- ☐ **Please charge any and all fees (including costumes, recital fees, competition fees, etc.)**

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: _____/_____

Security Code: _____ Name on Card: _____

Signature: _____

BANK ACCOUNT DRAFTS:

☐ **I hereby authorize Ryan Studio Enterprises DBA Legacy Dance & Gymnastics to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited I error. This authority will remain in effect until Ryan Studio Enterprises is notified by me in writing to cancel it at such time as to afford Ryan Studio Enterprises and the financial institution a reasonable opportunity to act on it. All returned payments will incur a $35 fee. This will be due with the re-payment.**

- ☐ **Only charge the regular monthly amount. Amount: $ _____**
- ☐ **Please charge any and all fees (including costumes, recital fees, competition fees, etc.)**

Bank Routing Number: _____ Account Number: _____

Please attach a blank, voided check to this page

Signature: _____

Date Received: _____ CC: _____ ACH: _____

Initials: _____ DSM: _____ BANK: _____ Form Expiration: _____