



Last Name: _____

1st Child's Name: _____

2nd Child: _____

3rd Child: _____

FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Fusion Studios to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. **Initials** _____

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize, Fusion Studios , to collect a returned item fee of \$25.00 per item by electronic debit from my account identified below. **Initials** _____

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below. **Initials** _____

You have until the 15th of the month to make any changes to the above information for the upcoming month. Any changes made after the 15th will be applied to the next month. All classes expire at the end of the month. Please have your dancer take make-ups before the end of the month. No Exceptions, No Refunds.

Please initial that you understand and agree to the above statements. **Initials** _____

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

Authoring Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Email: _____

Class information:

My child/children will be taking unlimited classes

Child's Name: _____

My child will be taking _____ classes per week.

Child's Name: _____

My second child will be taking _____ classes per week

Child's Name: _____

My third child will be taking _____ classes per week

Child's Name: _____

Financial Institution account "identifying information": (voided check preferred method)

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

Complete or attach Blank VOIDED Check here	Financial institution:	Branch:	
	City:	State:	ZIP CODE:
	9 Digit Transit/ABA #	Account #	

Credit Card Authorization (Not preferred method) No American Express

I authorize Fusion Studios to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed. The maximum amount will be no more than \$300 per child.

Card Type: _____ Card #: _____

Expiration date: _____ Cvv2 #: _____

Signature: _____ Date: _____