



## Electronic Payment Registration Form

I hereby authorize The Spirit of Dance to debit my \_\_\_ checking \_\_\_ savings account at the financial institution listed below on a monthly basis in the amount specified below:

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_  
(The 9 digits on the bottom of your check or deposit slip)

Account Number: \_\_\_\_\_

Name of Account Holder (*PRINT*): \_\_\_\_\_

Monthly Payment Amount: \$ \_\_\_\_\_ Day of Monthly Withdrawal: 1<sup>st</sup>

Date of First Payment: September 1, 2009 Date of Last Payment: May 1, 2010

*I understand that The Spirit of Dance will withdraw funds directly from my bank account as indicated above. I understand that if I wish to discontinue monthly withdrawals for any reason, I must contact The Spirit of Dance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Attach a voided check to this form, and return to The Spirit of Dance.***