

# Payment Plan Authorization Form for Amanda's Academy of Dance

Processing through DepositExpress

(Bank acct. holder) **First Name** **Middle Name** **Last Name**

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Company Name on check, If Applicable (Please Include DBA) \_\_\_\_\_

**Paying For** (if bank acct. holder is not the customer): \_\_\_\_\_

## PAYMENT PLAN

**Total Due to Service Provider (if applicable):** \$ \_\_\_\_\_

**You may select the One-Time Payment Option, the Recurring Payment Option, or Both:**

**ONE-TIME** Debit Amount \$ \_\_\_\_\_ Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RECURRING\*** Debit Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(The recurring debit Start Date will determine all subsequent transaction dates.)

**\*if RECURRING, Select Recur Period here:**

**WEEKLY** Recurring Debit Amount \$ \_\_\_\_\_ Number of Payments: \_\_\_\_\_

**BI-WEEKLY** Recurring Debit Amount \$ \_\_\_\_\_ Number of Payments: \_\_\_\_\_

**MONTHLY** Recurring Debit Amount \$ \_\_\_\_\_ Number of Payments: \_\_\_\_\_

**QUARTERLY** Recurring Debit Amount \$ \_\_\_\_\_ Number of Payments: \_\_\_\_\_

**Recurring Debit End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (concurrent with the number of payments needed – use Add Recur feature)

## CUSTOMER'S BANK INFORMATION

Bank \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Account Type:  Checking  OR  Savings (Please circle one.)

## PAYMENT AUTHORIZATION

I hereby authorize you to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until AAD has received written notification from me of intent to terminate at such time and in such manner as to afford AAD and bank reasonable opportunity to act (minimum of 30 days).

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to AAD 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by AAD due to uncollectible funds. I will be liable to pay a fee for each returned check.

I understand that if my electronic debit is returned to you for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold AAD, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature(s) on bank account (if required) \_\_\_\_\_ Date \_\_\_\_\_