

Credit Card or Checking/Saving Account Automatic Bill Pay Authorization Form

Schedule your payment to be automatically deducted from your Credit Card, Checking or Savings account. Please complete and sign this form to get started!

Please complete the information below: Please Print Clearly

I, _____ authorize Ballet Hispanico of New York, Inc. to charge my bank account for
Parent/Guardian Name
 _____ based on one (1) of the following options:
Child's Name

- | | |
|---|---|
| <input type="checkbox"/> Tuition in Full
<input type="checkbox"/> Non-Refundable Deposit Only
<input type="checkbox"/> One-Time Payment of: \$ _____
<input type="checkbox"/> Automatic Payment of: \$ _____ on _____ of each: _____
<small>Day of the week/ Date (Circle one)</small>
until the balance of tuition is paid off. | <input type="checkbox"/> School Year Automatic Quarterly Payment <ul style="list-style-type: none"> 1 payment due upon registration 2 payment due October 25, 2024 3 payment due on January 25, 2025 4 payment due on March 25, 2025 <div style="text-align: right; margin-top: 10px;"> <small>(Select one)</small>
 <input type="checkbox"/> weekly
 <input type="checkbox"/> bi-weekly
 <input type="checkbox"/> monthly </div> |
|---|---|

Please note, all School Year balances are to be paid in full by March 25, 2025.

Billing Address _____ City, State, Zip _____

Email _____ Phone # _____

Account Type: (please choose one) Credit/Debit Card

Name on Account _____

Credit Card # _____ Expiration Date _____ Security Code _____	
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If the above noted payment falls 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Ballet Hispanico of New York, Inc may at its discretion attempt to process the charge again within 2 days, and I agree to an additional \$35.00 charge for each attempt NSF which will be initiated as a separate transaction from the authorization recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with provision 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.

 Parent/Guardian Print Name

 Signature

 Date

For Office Use ONLY

Received by: _____ Date: _____ Program: _____ Scheduled by: _____ Date: _____