



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

- Tuition in Full
Non-Refundable Deposit Only
One-Time Payment of: \$
Automatic Payment of: \$ on [Day of the week/ Date] of each: [weekly, bi-weekly, monthly]
School Year Automatic Quarterly Payment
1st payment due upon registration
2nd payment due October 25, 2022
3rd payment due January 25, 2023
4th payment due March 25, 2023

Please note, all School Year balances are to be paid in full by March 25, 2023.

Billing Address [] City, State, Zip []

Email [] Phone # []

Account Type: (please choose one) [] Credit/Debit Card [] Savings [] Checkings
Name on Account []
Credit Card # [] Expiration Date [] Security Code []
Bank Name [] Bank City/State [] Account Number [] Routing Number []

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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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: []