

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (eChecks)

I hereby authorize The Music Place to initiate ACH Debit ("e-Check") transactions to my account as indicated below:

**Checking Account**

**Savings Account**

I understand that the origination of transactions to my account are in compliance with all provisions of U.S. Law.

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

Name on Account: \_\_\_\_\_

Routing Number:  \_\_\_\_\_

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



## This authorization is for:

A Single Payment, in the amount of \$ \_\_\_\_\_  
(Registration Fee \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_)

Monthly Payments, in the amount of \$ \_\_\_\_\_  
1st Payment is for Month of: J-F-M-A-M-J-J-A-S-O-N-D (circle one)

I understand that amounts of Recurring Payments will be adjusted as necessary to keep my Music Place account in good standing. Changes may be made to reflect my current enrollment(s), per published rates and policies of The Music Place.

This authorization for Recurring Payments will remain in effect until I provide The Music Place with written notification of withdrawal, via letter, fax or email, in compliance with The Music Place Customer Policy Agreement. This states in part that withdrawal notice must be received by the 10<sup>th</sup> day of the last month of enrollment. I have received a copy of that Agreement.

Parent's Name: \_\_\_\_\_

Student's Name(s): \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Please attach a voided check to this form.

(You may fax form & voided check to **408 445-2806**, or mail/bring to Main Office: 1617 Willowhurst Ave., S.J., 95125)

### Office Use Only:

**Confirmation sent by: email / fax / letter**

**SMPS Entry Completed on:** \_\_\_\_\_ **by:** \_\_\_\_\_

**Filed**