**Payment Agreement 2019-2020**

# Authorization Form

## I understand that my checking account will be debited the 15th of each month for my monthly payment fee. I authorize Lindsay Lee’s Dance to use the account number below beginning the month of:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Name On Account

Account No.

Routing No.

Bank Name

Bank address

Amount $

### Signature Date

### Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_