

Client Name (Please print clearly)  
.....

Telephone (Please print clearly)  
.....



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

As a duly authorized cheque/credit card signer on the financial institution account identified below, I authorize **Port Perry Dance Academy** to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below and/or on Schedule A (see over) for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to **cheque/authorization by phone** payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed. The maximum periodic amount will be less than \$800.

Furthermore, if any such electronic debit(s) should be returned by my financial institution for **any** reason, I authorize, **Port Perry Dance Academy**, to collect a returned item fee of **\$35.00** per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank/credit card statement that corresponds with the financial institution account identified below.

I \_\_\_\_\_ understand and authorize all of the above as evidenced by my signature below.  
Please print name

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Financial Institution account "identifying information":**

**Please Attach Personalized  
Void Cheque Here**

Transit \_\_\_\_\_ Bank \_\_\_\_\_ Account: \_\_\_\_\_

**OR**

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV2\*\* \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

See over for payment schedule  
\*\*Required for telephone authorizations

