

# DEAR DANCE TECH STUDIOS STUDENT / PARENT

Mailing Address: 3705 Lariat Rd, Park City, UT 84098 Email: dancetk@msn.com Phone: 435-655-9213

We want to provide you with the best service possible.

Please help us serve you better by signing up for our secure automated payment service.

- Convenient • No lost or stolen checks • No delayed or missing payments • Your payment is fully protected.

## AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request Dance Tech Studios to initiate debit entries to my account, by and through Automated Payment Systems, hereinafter called APS, and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain in full force and effect until APS has received written notification from me of its termination in such time and manner as to afford APS and depository financial institution a reasonable opportunity to act on it.

Customer Name: \_\_\_\_\_

Customer ID Number: \_\_\_\_\_

Bank / Credit Card Account Owner if different from Customer: \_\_\_\_\_

Bank or Institution Name: \_\_\_\_\_

Bank or Institution City, State: \_\_\_\_\_, \_\_\_\_\_

Account Type:

Checking

Savings

Credit Card (Visa, Mastercard)

Bank Account /

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bank / Credit Card Account Owner Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



PO Box 255 • Sandy • Utah • 84091 • USA

### Initial Payment Information

Payment Amount: \_\_\_\_\_

Number of Payments: \_\_\_\_\_

and then / or  Continual

First Payment Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payments are monthly unless otherwise indicated here: \_\_\_\_\_

**ATTACH VOIDED  
CHECK / CREDIT CARD  
IMPRINT HERE**

Office use only:

New Customer

Change

Renewal