



Automatic Debit Agreement and Authorization

I hereby authorize the Citadel Dance & Music Center to initiate automatic debits to my account at the financial institution named below on or around the first business day of each month for services scheduled in that month. I also authorize the Citadel Dance & Music Center to credit to this account in the event that a debit entry is made in error.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Citadel Dance & Music Center in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Citadel Dance & Music Center may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank as long as the transactions correspond to the terms indicated in this authorization form. This agreement will remain in effect until the Citadel Dance & Music Center receives a written notice of cancellation from me or my financial institution, or until I submit a new Automatic Debit Agreement to the Citadel Dance & Music Center.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking or Savings

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form.

Please staple voided check here