



## Client Authorization for Automatic Account Withdrawals

For the convenience of making payments automatically every month from your financial institution account, please complete this form and send it to **ART IN MOTION DANCE**. **NOTE:** A void personalized cheque pre-printed by your financial institution or a pre-authorization form with your name and address must be provided along with this application.

### AUTHORIZATION

By signing this form, the client permits ART IN MOTION DANCE and the client's financial institution to debit (that is, withdraw money from) the client's financial institution account identified below to pay for services purchased from ART IN MOTION. To permit ART IN MOTION DANCE to debit the client's account, ART IN MOTION DANCE requires the signed permission of all the holders of this account whose signatures are necessary to sign a cheque drawn on the account. ART IN MOTION DANCE may send this form and the personal information on it to its bank and to the client's financial institution. There are no maximum debit amounts.

### PROCESS

The agreed upon monthly payment for dance tuition and associated costs and taxes will be debited from your account for the set timeline. Pre-authorization payments will show on your account statement as Pre-Auth Withdrawal.

### ACCOUNT INFORMATION - ACCURATE AND UP TO DATE

All account information on this form shall be accurate and the client shall inform ART IN MOTION DANCE, in writing, of any change in its account information at least 10 business days prior to the withdrawal due date.

### REVOCAION OF AUTHORIZATION

The client may revoke this authorization at any time by sending a written notice of revocation to ART IN MOTION DANCE. Such revocation shall not end or alter any contract that exists between the client and ART IN MOTION DANCE.

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

Customer Billing Address: \_\_\_\_\_

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

Financial Institution Name	_____	Financial Institution Account No.	_____
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Transit No.	____ ____ ____ ____ ____	Institution No.	____ ____ ____
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Must attach a pre-printed personalized void cheque or pre-authorization form.  
The client understands and agrees to all provisions in this Authorization. A signature must be completed for debit.

Customer Name  
\_\_\_\_\_ Please Print Name

Customer Signature  
\_\_\_\_\_ Date DD MM YY

Mail the completed signed form along with a void cheque or Bank Pre-Authorization Form to:  
**ATTENTION: ART IN MOTION DANCE, 2806 Kenney Street, Terrace, BC, V8G 3E7**  
Or email copy to [artinmotoindance@hotmail.com](mailto:artinmotoindance@hotmail.com)  
**NOTE** Payment Schedule of Back of Form



## Client Authorization for Automatic Account Withdrawals

**ONE TIME PAYMENTS:**

Payment Date: \_\_\_\_\_

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

**ONE TIME PAYMENTS:**

Payment Date: \_\_\_\_\_

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

**ONE TIME PAYMENTS:**

Payment Date: \_\_\_\_\_

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

**THREE PAYMENTS:**

Payment Dates: \_\_\_\_\_

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

**MONTHLY PAYMENTS:**

Payment Dates: \_\_\_\_\_

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