Debit Authorization

I (we) hereby authorize Welch Family Enterprises, LLC dba Acros Gymnastics & Dance (Company), hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application).
I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address, City/State, Zip)

Checking Account _____ _____
(Routing Number) (Account Number)

This Authority is to remain in full force and effect until COMPANY has Received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____ _____
(Account Holder Name) (Signature) (Date)

Student Name

1._____ 3. _____

2._____ 4. _____

For Office Use Only

Student Name: _____

	Class	Monthly	Discount	Cost
1.		/	/	/
2.		/	/	/
3.		/	/	/

Student Name: _____

	Class	Monthly	Discount	Cost
1.		/	/	/
2.		/	/	/
3.		/	/	/

Student Name: _____

	Class	Monthly	Discount	Cost
1.		/	/	/
2.		/	/	/
3.		/	/	/

Student Name: _____

	Class	Monthly	Discount	Cost
1.		/	/	/
2.		/	/	/
3.		/	/	/

Total Monthly Charge $_____
Beginning Date _____/_____/_____
End Date _____/_____/_____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM:

Notice: Payments will be deducted on or about the 1st of each month.