



Direct Billing Form

"Leaders in family-friendly Dance Education Excellence Since 1985"

Dancer's Name: _____

Account Holder's Name: _____

Account Holder's Zip Code: _____

Account Holder's Phone Number: _____

In signing this form below, I authorize my monthly charges to be withdrawn from my designated account and designated financial institution named below.

Financial Institution: _____

Financial Routing Number: _____

Account Number: _____

Circle One: Checking Savings

Account Holder's Signature

Date

If using a checking account, form must be accompanied by a voided check.