

Atlantic Arts Payment Options

Electronic Funds Transfer Authorization Form

I/we hereby authorize Atlantic Arts Academy to initiate EFT debit entries (withdrawals) from my/our checking account for credit to the below-named account on the 1st day of each month in the amount of \$ _____ beginning the 1st day of August, 2006. This authority will remain in effect until I/we notify Atlantic Arts Academy in writing by filling out a withdrawal form provided at the front desk in the first week of the month. I understand that there is a 30 day notice required for all classes and that I will be charged an additional month from the time that I withdraw. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

Name of Your Bank: _____

The Account number to be debited: # _____

Your Bank's Routing/Transit Number: _____
(9-digit number found on lower left side of check)

The name of the account to be credited is Atlantic Arts Academy

Account Owner's Signature(s): _____

Account Owner's Name(s): _____
(Please Print)

Date this form was signed: _____, 2006

PLEASE INCLUDE A VOIDED CHECK!!!

Credit/Debit Card Authorization Form

I/we hereby authorize Atlantic Arts Academy to initiate credit/debit entries (withdrawals) from my/our credit card account for credit to the below-named account on the 1st day of each month in the amount of \$ _____ beginning the 1st day of August, 2006. This authority will remain in effect until I/we notify Atlantic Arts Academy in writing by filling out a withdrawal form provided at the front desk in the first week of the month. I understand that there is a 30 day notice required for all classes and that I will be charged an additional month from the time that I withdraw. I/we acknowledge that the origination of credit/debit transactions to my/our account must comply with the provisions of U.S. Law

Credit Card Information (Circle One): MasterCard/Visa AMEX Discover Diner's Club Other

Card # _____ Exp Date: _____

Name On Card: _____

Billing Address: _____
City _____ State ____ Zipcode ____

Signature of Account Holder : _____

Name of Account Holder: _____
(Please Print)