

PREAUTHORIZED PAYMENT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

COMPANY NAME: Sole Expressions Dance Studio Cooperative

I hereby authorize COMPANY (named above) to initiate debit entries to my account listed below.

Financial Institution	Routing/ABA Number *	Account Number	Type of Account
 Location: _____			Checking Savings

The authority is to remain in full force until COMPANY and Financial Institution has received written notification from customer of its termination in such timely manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name: _____ ID Number: _____

Signature: _____ Date: _____

Email Address: _____

Please attach a voided check here to insure proper debit to your account

*Nine-digit number that appears on the bottom of a check