

Auto Deduct Form



Electronic Funds Transfer Authorization Form

As a duly authorized check signer on the financial institution account identified below, I authorize **Avalon School of the Arts** to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. I understand the dollar amount can vary depending on services performed.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as **Non-Sufficient Funds (NSF)**, I agree to pay a returned item **fee of \$25**.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account on file with Avalon.

I understand and authorize all of the above as evidenced by my signature below.

STUDENT NAME(S): _____

PARENT/GUARDIAN NAME (printed): _____

AUTHORIZING SIGNATURE: _____ **DATE:** _____

Choose one option:

- I would like my costume fee to be added to my monthly payments
- I would like my costume fee to be deducted in full with my February payment

Choose one option:

- I would like payments deducted from my checking/savings account
- I would like payments deducted from my credit card

For office use only

Monthly amount to be deducted: _____

Costume fees included: yes no