


# Treasure Valley Ballet Academy

## ACH Payments Form

For your convenience TVBA offers ACH auto-draft as a payment option. This reduces the effort of making payments each month and ensures no late fees. ACH payments are processed as debits to your checking account and should show on account statements from your financial institution. Please see the current TVBA policies form for detailed information on tuition, costume fees, and the registration fee.

The registration payment should be processed soon after your registration form is received and will include the first costume fee and registration fee. Subsequent debits for tuition should fall between the 1<sup>st</sup> and 10<sup>th</sup> of each month during the dance season (September - May). The Season Finale costume fee will be debited the beginning of December along with the tuition payment for that month. The initial costume fee and registration fee may be processed with the first month tuition if registering after mid August.

Financial Account Owner	Financial Institution
Applicable TVBA Students	Routing Number (print clearly <i>or</i> attach voided check)
Phone Number of Account Owner	Account Number (print clearly <i>or</i> attach voided check)
Email Address of Account Owner	

I certify that I am an owner of the above account and hereby authorize Treasure Valley Ballet Academy to make debit entries to the indicated account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

This authorization is in effect through the end of the dance season, although I may continue this payment option for future enrollments. While this authorization is active I agree to notify TVBA of any changes to the information submitted above. I acknowledge a service fee of \$20 is due on any rejected ACH payment. I understand that I may withdraw this authorization at any time by notifying TVBA in writing or by email. Notification must be received ten days before the end of a given month in order to stop payments for the next and subsequent months.

**Authorizing Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please place in drop-box or send to: 1545 E Leigh Field Dr., Ste. 150, Meridian, ID 83646

~ no need to resubmit if form with current information is already on file ~