



Steppin' Out Dance Studio

Electronic Funds Transfer Authorization Form

For office use only

RECEIVED BY _____

DATE _____

Student Information

Student Name _____

Parent / Guardian Name _____

Street Address _____

City _____ ZIP _____

Cell Phone Number _____ Work Phone Number _____

Fees

At time of registration a \$40 deposit is due to secure your spot. The \$40 is not an additional fee, it comes off the total tuition. Autopay dates for the 2019/2020 season are on the 15th of each month, occurring August 2019 through April 2020. Fees are based on class length as follows:

30-minute classes: \$165 (R)/ \$248 (N)

45-minute classes: \$196 (R)/ \$293 (N)

1-hour classes: \$250 (R)/ \$375 (N)

Class Barcode(s): _____ Total Monthly Fee: _____

Debit Information

I hereby authorize the Fox Valley Park District to debit the account below for my program fees. Fees are applied according to the practice assigned. Please attach a voided check to this form for checking account authorization.

Please note:

- It is the customer's responsibility to notify the Park District of any changes in EFT information, including updated expiration dates of credit cards and/or changes in account numbers.
- A \$25 service fee will be charge for any returned payment. The fee must be paid with cash or money order within seven days of notification from the Park District.

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FOX VALLEY PARK DISTRICT
101 W. Illinois Ave., Aurora • 630-897-0516
foxvalleyparkdistrict.org

Fox Valley
Park District
Where fun begins



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Credit Card Information

Card type: Visa Mastercard Discover

Expiration date must be current as of 8/15/19

Name as shown on card: _____

Account Number: _____ - _____ - _____ - _____

Expiration Date: _____

Checking Account Information

Must attach voided check. Deposit slip is not acceptable.

Bank Name: _____

Account Number: _____

Routing Number: _____

Acknowledgement of Electronic Funds Transfer

I agree to the terms as stated above and hereby authorize the Fox Valley Park District to debit the above account for the fees stated above on the dates indicated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____