



DANCE MAGIC STUDIO LTD.



Studio/Office: (403) 309-7319 Home: Fax: (403) 343-7695

Automatic Withdrawal Form

Account Holders Name (first & last) Name/s		Student	Account #: (office use)
Amt. to be Withdrawn: (Eg: \$42/mo or \$336 total)	Withdrawal Date: 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other: _____ (lump sum payments ONLY)		Monthly withdrawal <input type="checkbox"/> One time withdrawal <input type="checkbox"/>
First Payment Date: (Eg: September 1 st 2009)	Last Payment Date: (Eg: April 1 st 2010)		Transit/ABA#: (office use)

A VOID CHEQUE MUST BE ATTACHED TO THIS FORM

I hereby authorize Dance Magic Studio Ltd. to charge my account the amount of \$ _____ on the _____ (1st or 15th) day of each month starting _____ and ending _____.

If necessary, I will give the studio office one month's written notice from the first of the month to discontinue these charges.

I hereby authorize Dance Magic Studio to electronically debit my bank account for the amount of any NSF paper cheque or auto-debit transaction plus a \$15 NSF fee.

SIGNED: _____

DATE: _____
