



325 W. Hastings Rd
Spokane, WA 99218
Phone: 509.280.5319

Instruction in Voice, Piano, Percussion, and Guitar!

AUTHORIZATION AGREEMENT FOR ACH PAYMENTS / DEBITS

I(We) do hereby authorize VOICE WORKS MUSIC STUDIO, LLC hereafter named COMPANY, to initiate Single or Recurring (debit) entries to (my/our) account indicated at the depository financial institution named below, hereafter named FINANCIAL INSTITUTION. I(We) further authorize COMPANY to initiate an adjusting or correcting entry as necessary. Finally, should any such debit(s) be returned as Non-Sufficient Funds(NSF) or Uncollected Funds, I(we) authorize the COMPANY to collect such debit(s) electronically and to subsequently collect a Returned Item Fee of \$25.00 per item, electronically from the same account identified below. PLEASE REMEMBER TO NOTIFY US AS TO ANY UPDATES TO YOUR CARD INCLUDING NEW EXPIRATION DATE AND/OR REPLACEMENT.

I am a duly authorized signer on the account identified below, and authorize all of the above as evidenced by my signature below.

eCheck - (An accompanying blank check marked as "VOID" required)

Financial Institution Name: _____ Checking: ☐ or Savings: ☐
Routing Number: _____ Account Number: _____

Debit / Credit Card - (Additional \$5.00 per month processing fee)

Name on Card: _____ Card Number: _____
Card Expiration: _____ Card Type: (MC / Visa) _____ CVV Number: _____

Billing Address - (same as listed for the account at your financial institution for associated eCheck or Debit/CC)

Street Number: _____ City: _____
State: _____ Postal Code: _____

Scheduled Payment Date Preference - (1st or 15th)

Payment Start Date: _____ Amount: _____

I(We) have read and understand the content within VOICE WORKS MUSIC STUDIO, LLC Studio Policy.
This authorization is to remain in full force and effect thirty (30) days subsequent receipt of written notification to terminate as to afford COMPANY reasonable opportunity to act.
Notice of revocation of authorization should be sent to the address listed below:

Voice Works Music Studio, LLC
c/o Marsha Schlangen
325 W. Hastings Rd
Spokane, WA 99218

Printed Name: _____ Email: _____

Signature: _____ Date: _____