

Emerald City Academy of Rhythmic Gymnastics Electronic Check Authorization Form

EMC Electronic Check Authorization Form

Please print this form, complete and sign it, attach voided check or deposit slip, and mail or deliver to Emerald City Academy of Rhythmic Gymnastics, LLC ("EMC") as indicated at the bottom of this form.

Name (as shown on EMC bill): _____

Address: _____

Daytime phone number: _____

Bank Information

Name of bank: _____

Name of bank account holder: _____

Bank routing number: _____ (see example)

Bank account number: _____ (see example)

I authorize the financial institution named to charge my:

- Checking account (enclose voided check)
- Savings account (enclose voided deposit slip)

and remit payment for my monthly tuition and other fees to EMC.

I understand that I control my payment and if at any time I decide to discontinue the e-Check payment plan, I will notify EMC in writing.

Signature of authorized bank account holder:

_____ Date: _____

If you have any questions, please call 619-437-4161

Form may be given to Brian or faxed to 650-292-2141

The diagram shows a check with the following fields and values:

- YOUR NAME: 678 Main Street, Anywhere, MI 12345
- DATE: _____
- PAY TO THE ORDER OF: _____
- \$ _____ DOLLARS
- Routing Number: 123456789
- Account Number: 123456789
- Check Number: 123