

Monthly tuition will be withdrawn on the 1<sup>st</sup> of each month (with the exception of August, which will come out on the first day of classes). **There is a one-time \$5 set-up fee** charged on your first withdrawal. **ALL FEES (except registration) are automatically withdrawn via Autopay on the fee due date** (costume fee, recital fee, competition fee, etc). **Autopay must be done by checking account ONLY, not credit card.** To cancel, you must notify us in writing 15 days prior to the start of a new month in order to avoid be charged for the subsequent month. A \$10 fee will be added to your account for all returned ACH charges. By signing below, you agree to the terms listed. -Thank you, Dance Magic

**Dancer's Name(s):** \_\_\_\_\_

### Automatic or ACH Transfer Authorization

Bookkeeping in Cedar sets up and maintains transfers involving outside financial institutions Internal transfers may be set up at each individual branch office. Please send a copy of all forms to "Scan"

\$5 one-time setup fee (waived for internal/SBSU loans). One or two day settlement. No charge for transfers.

Information		Take Funds From (debit):	Send Funds To (credit):	
All fields must be completed for request to be processed	Institution Name:			
	9-Digit RTN #:			
	Account #:			
	Name on Account:			
	Contact Phone #			
	Account Type:	<input type="checkbox"/> Checking/MM <input type="checkbox"/> Savings		<input type="checkbox"/> Checking/Money Market <input type="checkbox"/> Loan <input type="checkbox"/> Savings
	<b>Signature Information:</b> By signing below, I authorize State Bank of Southern Utah to initiate electronic ACH debit or credit entries to my account as applicable, as well as adjusting or corrective entries in accordance with U.S. law, including reversing entries in the event of error.			
<b>Debit Account Owner</b>		<b>Credit Account Owner</b>		
_____ Signature		_____ Signature		
_____ Printed Name		_____ Printed Name		

**Recurring Transfers:** (check one)  
 Weekly     Every two weeks     Monthly     Quarterly     Semi-Annually

<b>Amount</b>	<b>Start Date</b>	<b>End Date (if any)</b>
\$ _____	8/24	5/25

We can fill in the amount for you after tuition is figured →

**One Transfer Only**

Amount	Requested Transfer Date
\$ _____	_____

**Termination Information:** Either debit or credit account owner may terminate transfers by signing below and mailing or faxing this form to us at the address below.

\_\_\_\_\_  
Cancellation Signature                      Signature Date                      Preferred Stop Date

<b>Bank Use Only:</b>	Date received at Bank	Name of Bank Employee
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The bank must have the **original** signed document to start. Faxed copies OK for termination purposes:  
 State Bank of Southern Utah, Attn: Bookkeeping, PO Box 340, Cedar City, Utah 84721-0340 FAX (435)865-2380