



Electronic Payment Registration RENEWAL Form

I hereby **renew** authorization for Danz Kraze to debit my account on a monthly basis at the financial institution **used during 2009-10** in the amount specified below.

I also authorize Danz Kraze to charge my account for any Non-Sufficient Funds plus a \$20 return fee.

Name of Financial Institution:

Name of account holder (PRINT) _____

Monthly tuition payment **amount:** \$ _____ on the first day of each month.

Date payments: **September 2010 through May 2011.**

I understand that Danz Kraze will withdraw funds directly from my bank account as indicated above. I understand that these payments will continue until the conclusion of classes in May. I understand that if I wish to discontinue payment for dropping class early or need to change my account information that I must give notice in writing. I understand that Danz Kraze must receive this written notice two weeks before the next monthly withdrawal and I must receive confirmation of my notice. I understand that notice can be sent to either ECDanzKraze@aol.com or 800 Wisconsin Street, Mailbox 84, Eau Claire WI 54703.

Signature: _____

Date: _____

Student Name (PRINT): _____ Class: _____