Danz Kraze

Electronic Payment Registration Form

I hereby authorize Danz Kraze to debit my
__ checking account
__ savings account
on a monthly basis at the financial institution listed below 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:
_____

Routing number: (9 digits on the bottom left of your check or deposit slip):

___ ___ ___ ___ ___ ___ ___ ___ ___

Account number (digits on the bottom center of your check): _____

Name of account holder (PRINT) _____

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

Date of first payment: **September 2010**

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 2011**. 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: _____

Please attach a voided check to this form.