



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form authorizes Spotlight of Wellington Performing Arts Studio to withdraw monthly tuition directly from the bank and/or credit/debit card account listed below each month

Withdrawals will be made monthly in the amount of _____ starting on _____.

Type of Card: _____
Name on Card: _____
Card No. _____
Expiration Date: (mm/yy) ____/____ VCODE: _____

Personal Information

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize Spotlight of Wellington Performing Arts Studio to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by AORN Foundation to such account. It is understood that this agreement may be terminated by me at any time by written notification.

Signature: _____

Date: _____