

## EFT Authorization

As a duly authorized signer on the financial account identified below, I authorize Sound of Light Music Academy to perform electronic funds transfers from this account for payments due according to the policies below.

### INITIAL PAYMENT

**Transaction Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

### RECURRING PAYMENT

**Transaction Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ per week, paid monthly\*

**Transaction date:** the 24th of each month, until canceled\*\*

\* Tuition is paid monthly in advance for the reservation of a regular weekly lesson time. No refund or credit can be given for lessons cancelled by the student, or authorizing payor. Tuition will be refunded per lesson only for teacher cancellations, and for these closures: Memorial Day weekend, Fourth of July weekend, Labor Day weekend, Thanksgiving weekend, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

\*\* Notice of cancellation must be communicated via email with no less than 3 business days prior to the 24th of the month.

**PRINTED NAME**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZING SIGNATURE**

\_\_\_\_\_

### FINANCIAL ACCOUNT INFORMATION

\_\_\_\_ Attached voided check or

\_\_\_\_ Account information on file

\_\_\_\_ Credit Card

**Credit Card Number**

**Exp. Date**

\_\_\_\_\_

\_\_\_\_\_

**Name on Credit Card**

\_\_\_\_\_