



ROBERT THOMAS ENTERPRISES, INC. RT  
*For over 40 years a tradition of-----Quality, Integrity & Leadership*

AUTHORIZATION AGREEMENT FOR PRE AUTHORIZED TRANSFERS (“Authorization”)

I (“Customer”) hereby authorize (“Dancer”) to initiate the debit and/or credit entries indicated below.

Transfer Amount: **Monthly Balance**

Transfer Type: ACH

Transfer from:

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

PLEASE ATTACH A CHECK MARKED “VOID”

**OR**

Credit Card Type \_\_\_\_\_ CVV# \_\_\_\_\_

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This Authorization is to remain in full force and effect until Dancer has received written notification from Customer of its termination and Dancer has received a reinstated registration fee in such time and in such manner as to afford Dancer a reasonable opportunity cancel the Authorization.

“Customer”

**Customer Printed Name** \_\_\_\_\_

**Customer Phone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Dated:** \_\_\_\_\_

Registration fees are reduced for Customers who are signed up for and maintain the Automated Payment Plan. If you discontinue class before one payment is made, a full registration fee is charged. Dancer will not mail any statements to Customer. Current year Customer account histories are available upon Customer’s written request.

CUSTOMER SUBMITS THIS PAGE ONLY IF PARTICIPATING IN AUTO PAYMENT PLAN