AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name:_____ Phone:_____
(As it appears on financial institution records)

Address:_____ City:_____ State:_____ Zip:_____

Financial Institution Name:_____

City:_____ State:_____ Zip:_____

Transit/ ABA #_____ Checking Account #_____

I (we) hereby authorize the Financial Institution named above to pay my monthly fees by charging each payment to my account and to make that deduction payable to the order of Steps The Studio, LLC. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Steps The Studio, LLC reserve the right to terminate this payment plan (or my participation therein).

Date:_____ Signature:_____

NOTE: PLEASE ATTACH A VOIDED CHECK TO THIS FORM BEFORE TURNING IN.

---------- detach and retain for your records----------

Draft Schedule:

September- tuition
October- tuition and half of total costume fee
November- tuition and half of total costume fee
December- tuition
January- tuition
February- tuition
March- tuition and $30 Recital fee (if Recital is held at FPDS)
$60 Recital fee (if Recital is held at Belhaven)
*Recital location TBA
April- tuition
May- tuition