



325 W. Hastings Rd  
Spokane WA.  
Phone: 509.280.5319

**Instruction in Voice, Piano, Percussion, and Guitar!**

**AUTHORIZATION AGREEMENT FOR ACH PAYMENTS / DEBITS**

I(We) do hereby authorize VOICE WORKS MUSIC STUDIO, LLC hereafter named COMPANY, to initiate Single or Recurring (debit) entries to (my/our) account indicated at the depository financial institution named below, hereafter named FINANCIAL INSTITUTION. I(We) further authorize COMPANY to initiate an adjusting or correcting entry as necessary. Finally, should any such debit(s) be returned as Non-Sufficient Funds(NSF) or Uncollected Funds, I(we) authorize the COMPANY to collect such debit(s) electronically and to subsequently collect a Returned Item Fee of \$25.00 per item, electronically from the same account identified below.

I am a duly authorized signer on the account identified below, and authorize all of the above as evidenced by my signature below.

**eCheck - (An accompanying blank check marked as "VOID" required)**

Financial Institution Name: \_\_\_\_\_ Checking:  or Savings:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Debit / Credit Card - (Additional \$5.00 per month processing fee)**

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_ Card Type: (MC / Visa) \_\_\_\_\_ CVV Number: \_\_\_\_\_

**Billing Address - (on account at financial institution for eCheck or Debit/CC)**

Street Number: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Scheduled Payment Date Preference - (1<sup>st</sup> or 15<sup>th</sup>)**

Payment Start Date: \_\_\_\_\_ Amount: \_\_\_\_\_

I(We) have read and understand the content within VOICE WORKS MUSIC STUDIO, LLC Studio Policy. This authorization is to remain in full force and effect thirty (30) days subsequent receipt of written notification to terminate as to afford COMPANY reasonable opportunity to act.

Notice of revocation of authorization should be sent to the address listed below:

Voice Works Music Studio, LLC  
c/o Marsha Schlangen  
8406 N General Grant Way  
Spokane, WA 99208

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_