

**ACH DRAFTS  
AUTHORIZATION AGREEMENT**

**I hereby authorize To The Pointe Dance & Arts Academy, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking\_\_\_\_\_ or Savings\_\_\_\_\_ account indicated below and the financial institution named below to debit the same to such account.**

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**FINANCIAL INSTITUTION NAME**

**CITY**

**STATE**

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**ROUTING / ABA NUMBER**

**ACCOUNT NUMBER**

**This authority is to remain in full force and effect until To The Pointe Dance & Arts Academy has received written notification from me of its termination in such time and in such manner as to afford To The Pointe Dance & Arts Academy a reasonable opportunity to act on it.**

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**NAME**

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**SIGNATURE**

**DATE**

**Please attach a Void Check (Not a deposit slip)**