

## MCKENNA DANCE CENTER - AUTOPAY RATES TUITION FOR INDIVIDUAL CLASSES 2020-2021 SEASON

FIRST STUDENT IN FAMILY		ADDITIONAL STUDENTS IN FAMILY	
1 Class	\$60	1 Class	\$55
2 Classes	\$85	2 Classes	\$80
3 Classes	\$105	3 Classes	\$100
4 Classes	\$125	4 Classes	\$115
5 Classes	\$145	5 Classes	\$135
6 Classes	\$165	6 Classes	\$155
7 Classes	\$185	7 Classes	\$175
8 Classes	\$205	8 Classes	\$195

### Competition Team

\$40.00 per month\*

\*This does not include competition registration fees, costumes, choreographer fees, or additional practice time.

The “first student” in the family is the student enrolled in the most classes. This student is charged the first student rate. Any additional family member living in the same household enrolled in equal or fewer classes is charged the “additional student rate.”

Monthly tuition is due the FIRST FULL WEEK OF THE MONTH, or you will be assessed a \$20.00 late fee. You will NOT be billed monthly for tuition.

**We ask all participants to sign up for autopay for ease in  
paying your monthly tuition.**

**If you choose not to sign up for autodraft, please add  
\$5.00 to each rate of tuition.**

**See Autodraft Authorization Agreement below.**

# ACH Debit Authorization Agreement

## AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

**Company Name:** MCKENNA DANCE CENTER, LLC (herein referred to as "Company")  
**Address:** 254 NORTH STATE STREET UNIT F CONCORD NH 03301  
**Company ID:** KENA

I (we) hereby authorize Company to initiate debit entries to my (our) Checking/Savings Account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

**Depository Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Routing/Transit # (ABA):** \_\_\_\_\_  
 **Checking Account #:** \_\_\_\_\_  **Savings Account #:** \_\_\_\_\_  
**Begin Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_ **Recurring Amount:** \$ \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Depositor Name:** \_\_\_\_\_ **Depositor Name:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*Depositor is required to verify bank account data and attach a voided check here.*

VOID