

Attach Voided Check if
Using Checking Account -
Not a Deposit Slip

Little Theatre Culture Centers, Inc.
1980 Youngfield St.
Lakewood, Co 80215

Main ___ KC ___ HR ___ Music ___
Monthly Tuition \$ _____
Start Date _____

Authorization Agreement for Automatic Payments (ACH Debits) and Credit/Debit Card Payments

Student Name(s) _____

Financially Responsible Party _____

Address _____

City _____ State (if other than Colorado) _____ Zip Code _____

Phone Home _____ Work _____ Other _____

Email address (Requested): _____

I (we) hereby authorize Little Theatre Culture Centers, Inc. to initiate debit entries to my (our)
() **Checking** () **Savings account (select one)** indicated below at the depository financial institution
named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we)
acknowledge that the origination of ACH transactions to my (our) account must comply with the
provisions of U.S. law.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT _____

Debit or Credit Card Authorization:

I (we) hereby authorize, Little Theatre Culture Centers, Inc. to initiate debit entries to my (our) () **Visa or**
() **MasterCard Credit Card** account (select one). I (we) acknowledge that the origination of Debit
/Credit Card transactions to my (our) account must comply with the provisions of U.S. law

Card Number: _____ Expiration Date: _____

Card Type: ___ Visa ___ MasterCard ___ It is the responsibility of the cardholder to maintain a
valid account.

Authorized Transactions

I (we) authorize the following transactions to be executed by Little Theatre

1. Monthly tuition to be withdrawn on the 1st _____ or 8th _____
2. Annual Registration Fee \$40.00 per student (note, this is non-refundable)
3. Performance Fee, approximately \$48.00, paid in April.

In the event that my (our) credit card charge or checking account debit is declined a \$10.00 fee will added
to the amount to be withdrawn.

This authorization is to remain in full force and effect until Little Theatre Culture Centers, Inc. has
received 30 day written notification from the authorized signor of its termination. **There shall be a
minimum one month notice given before this agreement shall terminate.**

NAME(S) _____ DATE _____

(please print)

SIGNED X _____ SIGNED X _____