



*For Office Use Only*  
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Telephone: 801.968.0100  
[www.mydancingmoose.com](http://www.mydancingmoose.com)

## Payment Authorization Form

I (we) hereby authorize Dancing Moose Montessori School to initiate entries from my (our) account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. I (we) understand that the authorized debit amount is based on established tuition rates and may include other fees added to the account as noted in the ledger that can be seen at the check-in computers. Amounts will be debited on either the 5th or the 15th of each month (as per your choosing) or the first banking day thereafter, if the 5th or 15th is not a banking day. I (we) acknowledge that the origination of these transactions to my account must comply with the provision of U.S. law. This authorization is to remain in effect until Dancing Moose Montessori School has received written notification from me (us) of termination in such time as to afford Dancing Moose Montessori School and my (our) financial institution a reasonable opportunity to act on it (preferably 3 weeks before cancellation date). Dancing Moose also retains the right to collect on any remaining balance after disenrollment.

### ALL OF THE FOLLOWING INFORMATION IS REQUIRED

<b><u>Account Holder</u></b>		Child's Name _____	
Last Name	First Name	Telephone	
Address	City	State	Zip Code
Check One Payment Option: <input type="checkbox"/> Automatically on the <b>5th</b> <input type="checkbox"/> Automatically on the <b>15th</b> <input type="checkbox"/> Only pay <b>manually</b> with login			
<b><u>Financial Institution</u></b>			
Institution Name	Account Type (Checking or Savings)		
Routing or Transit #	Account #		

**I am the authorized check signer on the listed account and authorize all of the above with my signature below.**

X \_\_\_\_\_  
 Signature Date

**\*\*Please submit a voided check with this authorization form. If it becomes necessary to change accounts, you will need to complete another authorization form.**