



# Optional Direct Debit Authorization Agreement

2018-2019 Season

Parent Name \_\_\_\_\_

Singer Name \_\_\_\_\_ Choir \_\_\_\_\_

Please select payment to be debited by circling the appropriate amount below:

	<u>Full Price</u>	<u>With Referral Discount</u>
<input type="radio"/> <b>CoroNino</b>	<b>\$66.50/month</b>	<b>\$54.00/month</b>
<input type="radio"/> <b>CoroCorriente</b>	<b>\$71.50/month</b>	<b>\$59.50/month</b>
<input type="radio"/> <b>CoroArroyo/CoroRio/CoroFuente</b>	<b>\$82.50/month</b>	<b>\$70/month</b>
<input type="radio"/> <b>Other* (mark desired amount in the blank)</b>		_____ <b>per month</b>

*\*If you have a scholarship or anticipate additional ad referral credit, you can set up the monthly amount to reflect those. This amount can also be adjusted later in the year if you receive additional referral credits or make extra cash/credit payments to your account. Adjustments need to be communicated in writing to [cororio@gmail.com](mailto:cororio@gmail.com) no later than the 20<sup>th</sup> of the month to be adjusted for the next month.*

I hereby authorize the MidSouth Music Institute, Inc. (MMI) to initiate debit entries, and, if necessary, credit entries to reverse erroneous debit entries to my account(s). It is agreed that these debits will be made in accordance with the Rules of the National Automated Clearing House Association (ACH). Entries will begin in the first calendar month following receipt of this agreement by MMI. PAYMENTS WILL BE DEBITED ON approximately THE 5<sup>TH</sup> OF EACH MONTH. This authorization will remain in full force and effect until all fees for the 2018-2019 season are paid in full, or until MMI has received written notification from me of its termination in such time and in such a manner as to afford MMI and the bank a reasonable opportunity to act upon the termination request.

Bank Name \_\_\_\_\_

Bank Account # \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Authorizer Name (Name on Account): \_\_\_\_\_

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