

MidSouth Music Institute, Inc.



# Optional Direct Debit Authorization Agreement

2019-2020 Season

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

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

Please select payment amount to be debited by circling the appropriate amounts below and writing the total in the far right hand column. (NOTE: The activity fee can be paid as a lump sum in August or divided over the 10 months of the program. If you are starting mid-year, tuition will be pro-rated, but the activity fee is not, so you will need to use the "Other" column to divide the fee into the months left in the season. You can disregard that column all together if you are paying the fee in a lump sum.)

Choir	Tuition	Tuition with Ad Referral Discount	Activity Fee	Total Per Month
Nino	\$60/month	\$50/month	\$6.50/month	
Corriente	\$65/month	\$55/month	\$6.50/month	
Arroyo/Rio/Fuente	\$75/month	\$65/month	\$7.50/month	
Other*				

*\*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 following 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 2019-2020 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 \_\_\_\_\_