



Valley Conservatory  
5650 Sanderson Street, Ste. B  
Huntsville, AL 35805  
256-534-3131  
www.valleyconservatory.com  
education@valleyconservatory.com

**Payment Options:** Auto Pay \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR ACH PAYMENTS**

(I/We) do hereby authorize the VALLEY CONSERVATORY, hereinafter named the COMPANY, to initiate recurring (debit or credit) entries to (my/our) (Credit Card Account) as indicated and named below as the depository financial institutions, hereafter named FINANCIAL INSTITUTION. (I/We) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of U.S. law. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$30.00 per item by electronic debit from my account identified below, and authorize all of the above as evidenced by my signature below.

One time registration fee: \$30.00                      First month's tuition: \_\_\_\_\_  
Total first month's charge: \_\_\_\_\_              Date: \_\_\_\_\_              Please write your initials here approving charges: \_\_\_\_\_  
Continuous payment start date: \_\_\_\_\_              Payment amount: \_\_\_\_\_ (monthly)

**Payments are recurring and are deducted on the twenty-seventh of each month until a withdrawal form is submitted to the Conservatory office.**

\_\_\_\_\_ **AUTO DRAFT FROM CHECKING ACCOUNT (Attach a voided check)**

Financial Institution Name: \_\_\_\_\_  
Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

\_\_\_\_\_ **AUTO DRAFT FROM CREDIT CARD OR DEBIT CARD**

MC \_\_\_\_\_ VISA \_\_\_\_\_ AMERICAN EX \_\_\_\_\_ DISCOVER \_\_\_\_\_  
Name of cardholder: \_\_\_\_\_  
Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

**POLICIES, PAYMENT AUTHORIZATION AND WAIVERS**  
**(Sign after reading policies, payment authorization and waivers)**

I have read and understand the VC policies and procedures, payment authorization agreement, injury and vehicle waiver and agree to abide by them.

\_\_\_\_\_  
Student name (please print)                      Signature of parent or adult student                      Date