



Bank Transfer Authorization Form

I authorize **STUDIO BELLA FOR KIDS** to electronically debit my bank account according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Debit will be taken on the first of each month through June 1, 2021.

for the amount of \$ _____ starting on _____.

Customer bank account information:

Routing Number: _____

Account Number: _____

Account type: Consumer Checking [unless otherwise noted]

This payment authorization is to remain in effect until I, _____, notify **STUDIO BELLA FOR KIDS** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature: _____

Customer Printed Name: _____

Date: _____