

## AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize **CANTON BALLET** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

STAPLE VOIDED CHECK HERE

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)

\_\_\_\_\_  
(ADDRESS OF FINANCIAL INSTITUTION) (STREET) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

Financial Institution Routing Number (ABA Number) \_\_\_\_\_  
(9 DIGITS)

Checking Account Number \_\_\_\_\_

Savings Account Number \_\_\_\_\_

### RETAIN FOR YOUR RECORDS

On \_\_\_\_\_ I authorized

**CANTON BALLET**  
(COMPANY NAME)

**1001 Market Avenue N., Canton OH 44702 – 330.455.7220**  
(COMPANY ADDRESS)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ \_\_\_\_\_  
Regular payment date: 15<sup>th</sup> of the Month

(if the payment amount changes we will  
notify you at least 10 days before the  
regularly scheduled payment date.)