



SING OMAHA CHOIRS

8438 Park Dr.
Omaha, NE 68127
402-933-7234 – office@singomahastudios.org

ACH Recurring Payment Authorization Form (2017-2018)

Schedule your tuition payment to be automatically deducted from your checking or savings account.

Please complete the information below:

I _____ authorize Sing Omaha Inc. to charge the bank account indicated below on the
(full name) 15th of each month until the full balance has been remitted.

Singer Name _____ Singer Grade _____

Please circle the location for the appropriate choir:

Children's Choir (K-2nd) Papillion Millard Elkhorn

Youth Choir (3-6th) Papillion Millard Elkhorn

Girls' Choir (6-12th)

Boys' Choir (6-12th)

Adult Choir

NOTE: Accounts will be billed in eight equal installments from October through May.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

PLEASE ATTACH VOIDED CHECK HERE

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect through each artistic season (June-July) If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Sing Omaha Inc. may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.