

I (we) hereby authorize	.	, hereinafter called		
Don't Fret Guitar Stud	io to initiate debit entries to my	y (our) Checking Acco	unt / 🔲 Savings	
Account (select one) ir	ndicated below at the deposite	ory financial institution nan	ned below,	
,	OSITORY, and to debit the sar		•	
	ACH transactions from (our) ac		_	
of U.S. law.	,	, ,	, ,	
Depository				
Name:		Branch:		
	State:			
Routing Number (9 d	igits):			
	· /			
written notification from	remain in full force and effect m me (or either of us) of its term	mination in such time and	in such manner	
	Guitar Studio and DEPOSITO	•		
	subject to change at any time	. •		
	the Don't Fret Guitar Studio fa	• •		
	monthly debits, monthly debit	•	•	
, ,	dless of attendance* unless (•	Upon 30 days of	
notice one full month (of tuition will be debited until to	ermination.		
Name(s):	Indivi	idual ID Number:		
(Please Print)	(To be completed by Company)			
((10 20 00)			
Signature:		Date:	//	

Please attach a VOIDED a CHECK to this authorization if checking account will be credited.