



I authorize Folsom Piano Academy to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Starting on August 1st, 2016 and on the (1st or 7th) _____ of each month following through withdrawal for the amount of _____.

Group Tuition Rate

All Child, Teen, and Adult Group Classes - \$104

Private Tuition Rates

Studio Teacher 30 Minutes - \$126

Studio Teacher 45 Minutes: \$182

Master Teacher 30 Minutes - \$138

Master Teacher 45 Minutes - \$198

This payment authorization is to remain in full force and effect until I, (print name) _____, notify Folsom Piano Academy of its cancellation by sending written or email notice in such time and in such manner to allow both Folsom Piano Academy and receiving financial institution a reasonable opportunity to act on it.

If my check is returned for insufficient funds, I will pay any fines incurred by FPA and submit payment for the full amount of tuition and fines within 7 days of being notified via email.

750 Oak Avenue
Parkway Suite 170
Folsom, CA 95630
(916) 985-9443

Signature: _____ Date: _____

Student Name(s): _____