



**ART FEE AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Granite State Arts Academy, to debit entries to my (our) account indicated below and the financial institution named below, hereinafter call FINANCIAL INSTITUTION, to debit the same to such account.

(Financial Institution Name)	(Branch)	
(Address)	(City/State)	(Zip)
(Routing Number)	(Account Number)	Type of Acct.: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Please check the payment plan that works for your household below.**

<input type="checkbox"/> <b>\$30.00 per month for 10 months</b>	<input type="checkbox"/> <b>\$75.00 per Qrt for 4 Quarters</b>
<input type="checkbox"/> <b>\$150.00 per Semester for 2 Semesters</b>	<input type="checkbox"/> <b>\$300.00 One time payment</b>

The authority is to remain in full force and effect until Granite State Arts Academy has received written notification from me (or either of us) of its termination in such tie and manner as to afford Granite State Arts Academy and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)	(Signature)	(Date)
(Print Individual Name)	(Signature)	(Date)

**\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM\*\*\*\*\***