



SPARK OF CREATION STUDIO

Dance - Music - Theater

EFT PAYMENT PLAN AUTHORIZATION FORM

Consumer Information

Name (First Middle Last)	Email Address
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Payment Plan

Payment Due Every (circle) DAY(s) WEEK(s) MONTH(s)	Start Date (M/D/Y)* / /	End Date (M/D/Y) / /
Payment Amount	Total Due to Service Provider	Number of Payments

Consumer Bank Information

Bank Name	Bank Phone
Routing Number	Account Number
Bank Address	

Payment Authorization

I understand and authorize Spark of Creation Studio to create a demand draft or initiate automatic debits to my account as identified above pursuant to the terms stated herein. I also authorize Spark of Creation Studio to make deposits to this account in the event that a debit entry is made in error. I understand that my bank statements will reflect a newly created check number, the dates cleared and display Spark of Creation Studio as the payee.

I understand that any additional amounts can be applied with a new authorization form and expressly consent to the creation of a new draft or debit in connection with these additional amounts. All other changes such as payment amount, frequency or bank account number change, will require a new Payment Authorization Form to be completed and submitted to the Spark of Creation Studio no fewer than (15) days prior to the implementation of any charge.

This agreement will remain in effect until Spark of Creation Studio receives a written notice of cancellation from me allowing "14 business days (two-weeks)" to process my request or until my account has a zero balance with Spark of Creation Studio. Should I cancel the Agreement with Spark of Creation Studio prior to the expiration of the Contract Term, I agree to permit Spark of Creation Studio to create a demand draft or initiate an automatic debit to my account for the amount due and owing under said Agreement, including any and all cancellation fees as provided therein.

I represent and warrant that I am authorized to execute this payment authorization to the Financial Institution named above. I hereby agree to defend, indemnify and hold the Service Provider, the bank, and Spark of Creation Studio harmless from damage, loss or claim resulting from all authorized actions hereunder.

Consumer Signature	Date
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- A cancelled or voided check from the consumer's bank account must be stapled to this authorization form.