DFGS Productions INC.

# ACH DRAFT

10507 Quaker Ave. #204
806-798-PICK (7425)
www.dontfretguitarstudio.com

Student Name:_____ Parent Name: _____

Email:_____

ROUTING NUMBER #:

_____

ACCOUNT NUMBER #:

_____

Start Date: _____

Instrument: _____

Instructor: _____

*you may attach a voided check, or image of your banking information if needed.

| Description | Rate | 30 or 60min | Quantity |
|---|---|---|---|
| Monthly tuition draft | $ | | |
| | | | Total |

I give Don't Fret Guitar Studio (DFGS Productions Inc) permission to draft my supplied bank account or credit/debit card every monthly billing cycle (the 1st or first business day of each month), until I provide my instructor with a written or verbal cancellation notice. I understand that I will be charged tuition for services during my 30 day notice period as usual one final time before termination of this agreement.

Signature: _____

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