



DFGS Productions INC.



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

ACH DRAFT

Student Name: _____ Parent Name: _____

Email: _____

ROUTING NUMBER #: _____

Start Date: _____

ACCOUNT NUMBER #: _____

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 for services during my 30 day notice period as usual.

Signature: _____

