

# Wando High School Band Boosters

P.O. Box 927 / Mt. Pleasant, SC 29465

## Recurring ACH Payment Authorization

I, \_\_\_\_\_ authorize Wando High School Band Boosters to charge my bank account indicated below on the 15<sup>th</sup> of the month for September, October, November and December 2020 for:

(check one)

***This payment is for Fair Share only.***

\_\_\_ \$150/month Band member    \_\_\_ \$125/month Guard member    \_\_\_ Other/month: \$ \_\_\_\_\_  
(20-21 Fair Share plus fees owed from previous season(s))

Student Name: \_\_\_\_\_

Your Contact#: \_\_\_\_\_

Your Email: \_\_\_\_\_

### Bank Details:

Checking

Savings

Name on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payment will charge as an ACH debit from your checking account for the 4 months this payment authorization is in effect.

I understand that this authorization will remain in effect for the months of September, October, November and December 2020. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I agree to reimburse a \$12.00 bank fee via invoicing student's band account. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions, email [Treasurer@wandobands.com](mailto:Treasurer@wandobands.com)