



ACH_ Withdrawal Authorization Form

I authorize Black Hills Studios of the Arts to deduct the amount of my monthly invoice each month per this signed ACH Authorization form.

Black Hills studio of the Arts will deduct my monthly invoice amount each month on the ____ day of the month.

If that day falls on a Weekend/Holiday, your invoice amount will be deducted on the following business day.



Customer Name: _____

Customer Address: _____

Customer Phone number: _____

Bank Name: _____

Checking/Savings: _____

Bank Account Number: _____

Bank Routing Number: _____

Authorization Signature: _____ Date: _____

