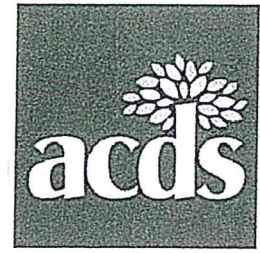


# LAGNIAPPE

THEATRE COMPANY

(318) 48-STAGE



## FALL 2016 ACTING CLASS Form

Please fill out the form below and email it to:

info@lagniappetheatre.com or fax it to (318) 473-9656 or mail to address at bottom.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

P.E. Time/Hour: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Other Parent Contact #s: \_\_\_\_\_

Emergency contact name & #: \_\_\_\_\_

T-shirt size (may need for costumes): \_\_\_\_\_ Dress/Pants Size: \_\_\_\_\_

Please list any allergies or special needs: \_\_\_\_\_

**Class Cost: \$285 a semester, \$570 a school year**

**Monthly: \$75 down and four payments of \$58.75 per month ACH Draft**

**\*Classes are held Tuesdays during the School Day PE Class.\***

**Enroll 2 or more students and receive 10% off (must be related)!**

**There are no refunds/credits due to student absence.**

### **Please choose Enrollment choice below:**

\_\_\_\_\_ Semester Pd. In Full                      \_\_\_\_\_ Semester Monthly ACH Draft  
\_\_\_\_\_ Year Pd. In Full                              \_\_\_\_\_ Year Monthly ACH Draft

### **Please choose payment option below:**

\_\_\_\_\_ Paying in person with check, cash, or money order  
\_\_\_\_\_ Mailing check made payable to Lagniappe Theatre Company to:  
                    P. O. Box 14015, Alexandria, LA 71315  
\_\_\_\_\_ Calling to charge by phone using a credit card \*additional charge\* (Visa,  
Discover, MasterCard). (318) 48-STAGE

# LAGNIAPPE

THEATRE COMPANY

PO Box 14015  
Alexandria, LA 71303  
(318) 48-STAGE  
www.lagniappetheatre.com

## ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### Here's How Recurring Payments Work:

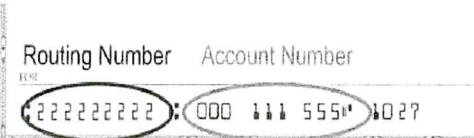
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ (full name) authorize LAGNIAPPE THEATRE, LLC to charge my bank account indicated below on the 1st of each Month for payment of my student's drama classes.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the end of the class semester or year depending on my enrollment choice. I will notify LAGNIAPPE THEATRE in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that LAGNIAPPE THEATRE may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.