

Forte Academy of Dance & Music
Auto-Pay Authorization Form
THIS FORM IS REQUIRED TO ENROLL

PLEASE NOTE: WE DO NOT ACCEPT AMERICAN EXPRESS!

Household last name (student last name):

Card Number:

Name as it appears on card:

Expiration:

____/____
MM YYYY

Code on back of card:

Billing Zip:

Competitive Team:

Acknowledgement that competition entry fees and costume/ accessory/rhinestone/jewelry/shoe fees will be included in my automatic payment on the deadlines:

I hereby authorize automatic monthly payments to Forte Academy of Dance & Music. I understand that all payments will be charged on the deadlines without exception. If my card information changes, I will notify the studio as soon as possible.

Signature _____

To be completed by studio:

Circle One: New auto-pay account Updated card

Number of recurrences: _____

Starting date: _____