

Credit Card Auto-Bill Form

Automatic recurring billing is the only form of payment. Please complete and sign this form. Please initial each statement and submit form to have all of your tuition charges

AUTOMATICALLY charged to your credit/debit card on the 1st of each month.

_____ I understand that the full amount of tuition due on my account will be run on the 1st of every month (August – June). If the 1st is not a business day, my credit/debit card will be charged on the next business day.

_____ I am aware that if I'd like a copy of my statement of tuition, I can email the studio and request one.

_____ My account is protected and only the studio owners have access to my information.

_____ If I wish to cancel my auto-bill payments, it is my responsibility to request cancellation in writing.

_____ I will notify an owner in writing if my child withdraws from his/her dance class, and then my auto-bill will be cancelled and my card information deleted.

Auto-Bill Signature _____ Date: _____

We will keep the following credit card information on file to pay your tuition each month:

Name on card: _____

Card Number: _____ Exp: _____ CCV: _____

Type of Card: VISA MC AMEX DISC Amt. to be Charged Each Month: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

_____ Please notify me via email each month when my credit card is charged (if YES)

Email Address _____

Signature of Cardholder: _____