

**Forte Academy of Dance
Auto-Pay Authorization Form
THIS FORM IS REQUIRED BEGINNING JUNE 2017**

Household last name:

Card Number:

Name as it appears on card:

Expiration:

____/____
MM YYYY

Code on back of card:

Competitive Team:

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

I hereby authorize automatic monthly payments to Forte Academy of Dance. 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: _____