

# Charisma School of Dance

6108 Mt Tacoma Dr SW  
Lakewood WA 98499  
253-581-8711

## Recurring Payment Authorization Form

Your payment will be automatically deducted from your bank account, or charged to your Visa or MasterCard for registration fees, tuition, late fees, costumes, late pick-ups, and scheduled private lessons.

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### Please complete the information below:

I, \_\_\_\_\_, authorize Charisma School of Dance to charge my credit card/bank account indicated below in accordance to the financial policy auto pay requirements.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

### Checking/ Savings Account

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

Visa       MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Charisma School of Dance 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 payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Charisma School of Dance may at its discretion attempt to process the charge again within 1 day, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment (if Charisma is charged a fee for the extra transaction up to \$35). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to all registered classes, scheduled private lessons, and the terms indicated in this authorization form and the financial policy.