

CREDIT CARD AUTHORIZATION FORM THESTUDIO FOR DANCE & THE ARTS

Please complete the information below and return this form to TheStudio for Dance & the Arts.

 I have submitted my credit card through the online customer portal and would like to use that card for my monthly tuition payment of _____ and costume fees totaling _____ due Oct 15. (You do not need to complete the card information below)

Signature of Card Holder

NEW CARD INFORMATION

I, (Fill in your name as it appears on your credit card) _____,

CARD HOLDER AND AUTHORIZED USER OF THE BELOW LISTED CREDIT CARD

1) AUTHORIZE THESTUDIO FOR DANCE & THE ARTS TO CHARGE THE CREDIT CARD LISTED BELOW FOR AUTOMATIC PAYMENT OF TUITION OWED FOR ALL STUDENTS LISTED BELOW, AS DUE ON THE 1ST OF EACH MONTH.

2) AUTHORIZE THESTUDIO FOR DANCE & THE ARTS TO CHARGE THE CREDIT CARD LISTED BELOW FOR COSTUME FEES OWED FOR ALL STUDENTS LISTED BELOW, AS DUE ON OCTOBER 15.

2) I AGREE TO MAKE PAYMENT ACCORDING TO MY CREDIT CARD TERMS AGREEMENT
AND

3) I AGREE THAT THIS AUTHORIZATION IS VALID UNTIL REVOKED BY ME, IN WRITING TO THESTUDIO FOR DANCE & THE ARTS

LIST OF STUDENT NAMES FOR WHOM TUITION AND COSTUME PAYMENT IS AUTHORIZED:

Card Holder's Name on Card: _____

Credit Card Type: ___ MasterCard ___ Visa ___ Discover

Credit Card Number: _____ Exp. Date _____

3 digit security number on back of credit card: _____

CARDHOLDER'S CREDIT CARD BILLING ADDRESS:

Street: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Billing Address Phone: _____ Alternative Phone: _____

Email Address: _____

SIGNATURE: _____ DATE: _____

Once on file with us, you do not have to complete another form until your expiration date changes.