



Mailing: 421 New State Hwy Unit 3
Raynham MA 02767

CREDIT / DEBIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Revolution Performing Arts to make 10 monthly debits to your credit/debit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for tuition, costumes, and any other fees associated with Revolution Performing Arts.

Please Complete The Information Below:

I, _____ authorize Revolution Performing Arts to charge
(Full Name)
my credit card account indicated below for _____ on or after _____ 5th _____ 10th
(Amount) (Date)

This is payment for _____
(Description of goods/services)

Costume charges:

_____ I give permission to debit my card _____ one lump sum or _____ two equal payments for costumes on the date listed above.

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Account Type: _____ Visa _____ MasterCard
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 Digit number on back of visa/MC) _____

SIGNATURE _____ DATE _____
I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the term indicated on the form.