AUTOMATIC MONTHLY PAYMENT AUTHORIZATION

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| --- |
| Student(s) Name  |
| Account Holder Name | Cell |
| Billing Address |
| City, State  | Zip Code |
| Email |
| **Checking Information (no fees)** |
|  |
| Name of Banking Institution |
|   |   |   |   |   |   |   |   |   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Routing |  | Bank Account |
|  |
| **Credit Card Information (plus 4% fee)** |
| ☐ Visa | ☐ Mastercard |
| Cardholder Name | Cell |
| Billing Address | City, State |
| Email | Zip Code |
|  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Credit Card |  | Expiration |  | CVC |
| I authorize Banbury School of Dance (BSD) to debit my account each month for the tuition due. I authorize BSD to debit my account for costume, recital fee and $20 for any returned payments. Notice of costume and recital fees will be provided before charging your account. Authorization remains in effect until revoked.  |
| Authorized Signature – I have read and agree to the above terms  | Date |