AUTOMATIC MONTHLY PAYMENT AUTHORIZATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | |