

I.C.I. STUDIO

Credit/Debit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled.

Credit/Debit Card Information

Card Type (mark with "X"):

_____ Mastercard

_____ VISA

_____ Discover

_____ AMEX

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security Code: _____

Cardholder Zip Code: _____

I, _____, authorize I.C.I. Studio, LLC to charge the above-referenced credit/debit card on or about the first day of each month for monthly private lesson tuition for _____ (student).

Cardholder Signature

Date

Telephone Number