

Credit Card Auto-Bill Form

If you would like the convenience of automatic recurring billing, please complete and sign this form. There are no additional fees for this service and it is **OPTIONAL**. Please initial each statement and submit form to have all of your tuition charges **AUTOMATICALLY** charged to your credit card on the 1st of each month.

_____ I understand that the full amount of tuition due on my account will be run on the 1st of every month (September 2018 – June 2019), or, if I start my auto-bill after the first month of classes, then the month immediately following its submission.

_____ I am aware that if I'd like a copy of my statement of tuition, I can email the studio and request one.

_____ My account is protected and only the studio owners have access to my information.

_____ If I wish to cancel my auto-bill payments, I must request cancellation in writing.

_____ My auto-bill will be cancelled, and my card information deleted if my child drops out of his/her dance class, which I will notify an owner in writing.

_____ Any refunds I am owed will be issued as a check, and not refunded to my credit card.

Signature _____

Date: _____

**We will keep the following credit card information on file to pay your tuition each month.
Please fill in each blank:**

Name on card: _____

Card Number: _____ Exp: _____ CVV: _____

Type of Card: VISA MC AMEX DISC Amt to be Charged Each Month: \$ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____