

# 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 10<sup>th</sup> of each month.

\_\_\_\_\_ I understand that the full amount of tuition due on my account will be run on the 10<sup>th</sup> of every month (September 2018 – May 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.

Auto-Bill 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: \_\_\_\_\_

\_\_\_\_\_ Please notify me via email each month when my credit card is charged (check if YES)

Email Address: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_