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 <u>initial each statement</u> and submit form to have
all of your tuition charges AUTOMATICALLY charged to your credit card
on the 10th of each month.

_____ I understand that the full amount of tuition due on my account will be run on the 10th of every month (September 2019 – May 2020), or, if I start my auto-bill after the first month of classes, then the month immediately following its submission.

_____ If my card is declined for any reason on the 10th of any month and I do not issue a replacement payment by that date, I acknowledge that I will be charged the appropriate late fee which is outlined in the Studio Policies and Fee Information handout.

_____ 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 or by email.

_____ 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 or by email.

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

_____ This card will only be used to run my monthly tuition payments and is not held on file to be used for any other costs that may arise during the year. Any other charges I am responsible for must be paid separately.

**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: _____ Date: _____