

CDS Auto Pay Credit Card Authorization Form

Dancer Name: _____

Parent/Account Name: _____ Phone: _____
(If Different then Cardholder)

Cardholder Name: _____ Phone: _____

Billing Address: _____

Credit Card Type: Visa or MasterCard

Credit Card Number: _____

Expiration Date: _____ Card Identification Number _____
(3 digits located on the back of the credit card)

Amount to Charge: \$ ____ . ____ Monthly

Cardholder signature below indicates acceptance and understanding of all CDS Auto Pay policies including but not limited to...

_____ - I authorize Cindy's Dance Studio to charge the agreed tuition amount listed above to my credit card provided

_____ - I authorize Cindy's Dance Studio to adjust the agreed tuition amount to coincide with my child's current class enrollment

_____ - This charge will be made monthly on the 1st of each month until written notice of withdrawal has been received prior to the 1st of the month

_____ - This charge will be a recurring monthly charge for the current dance session with the last charge on June 1st being prorated to half month

_____ - Registration Fee & August tuition will NOT be Auto debited unless requested here. YES, _____ Pay now with card. NO, _____ I will pay separate.

_____ - Costume payments and any other Non-tuition payments must be paid separately. They will NOT be Auto debited. Auto Pay is for Tuition ONLY.

Cardholder
Print Name: _____

Signature: _____

Date: _____