

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)

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

_____ - Amount to Charge: \$_____ + \$3 processing fee= \$_____ Monthly

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

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

_____ - I authorize Cindy's Dance Studio to update the card on file and continue withdrawals 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 appropriately

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

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

_____ - Payments that fail to process on the initial transaction attempt the 1st of each month will incur a \$10 Declined/Failed Credit Card Payment Fee

_____ - I authorize all past due balances coinciding with the current season to be charged to my card on file upon conclusion of the season

Cardholder Signature: _____ Date: _____