



2022-2023 Authorization for Credit Card Payments

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Child/Children Name: _____

I authorize Absolute Dance Center to autopay my credit/debit card monthly.

Yes: Charge my card on file _____

No: My card is on file, but I will process _____

Billing Information: Your credit card will be charged on the 30th of the month. This form will be kept on file in the studio. By giving Absolute Dance Center your credit card information, you authorize us to Auto Pay your tuition and studio charges to your account each month. You can opt-out of authorization of studio charges above. If you need to change your credit card information, please update your card information in your Jackrabbit portal:

Monthly Payments: \$ _____

Two Payment Plan: \$ _____ (Pmt #2 to be made on 1 /2/23) Monthly Total: \$ _____

Team Monthly Charges: Comp Fee \$ _____

Private Lesson Fee: \$ _____

Misc. Studio Charges: Yes _____ No _____

Would you like your costume deposit charged to your account on Oct 3rd? Yes___ No___ \$ _____

Would you like your costume Balance Due charged to your account on Feb 6th? Yes___ No___ \$ _____
(Costume charges will be available from office staff)

Credit Card Information: Please enter your credit card information in your Jackrabbit portal.

I authorize Absolute Dance Center to autopay my credit/debit card

Signature: _____ Date: _____

For Office Use: Monthly Tuition: Oct Nov Dec Jan Feb Mar Apr May
Costume Deposit Payment: Date: / /2022 \$ _____
Costume Balance Payment: Date: / /2023 \$ _____5t