



2021-2022 Authorization for Credit Card Payments

Billing Information: Your credit card will be charged on the **30th of the month**. By giving Absolute Dance Center your credit card information, you authorize us to **Auto Pay** your tuition to your account each month. You have the option to authorize other studio charges.

If you need to change your credit card information, please notify the studio Desk

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Child/Children Name: _____

AUTO PAY: (Monthly Auto pay will be done on the last day of each month Oct.-May)

Monthly Payments: \$ _____

Two Payment Plan: \$ _____ (Pmt #2 to be made on 1 /3/22)

Private Lesson Fee: \$ _____ (2 Payments November 15 and February 15)

Would you like your costume deposit charged to your account on Oct 11th? Yes No \$ _____

Would you like your costume Balance Due charged to your account on Feb 1st? Yes No \$ _____
(Costume charges will be available from office staff)

Credit Card Information: Visa _____ Master Card _____ Discover _____ Amex _____

Credit Card Number: _____ / _____ / _____ / _____ Exp. Date: _____ / _____

Name of Cardholder: (please print) _____

Signature: _____

For Office Use: Monthly Tuition: Oct Nov Dec Jan Feb Mar Apr May
Costume Deposit Payment: Date: / /2021 \$ _____
Costume Balance Payment: Date: / /2022 \$ _____