

**MISS KRISTIN'S DANCE STUDIO CREDIT CARD AUTHORIZATION FORM 2017/2018**

*All Dance families are required to have a credit card on file.*

**Please Check Option A OR Option B**

\_\_\_\_\_ **Option A...** I elect to have my monthly tuition automatically charged on my credit card on the first of each month. Recital costume deposits (\$35 per costume), due on 11/1/17, and costume balances, due on 3/1/2018, will be automatically charged as well.

\_\_\_\_\_ **Option B...** I elect to pay my monthly tuition at the front desk, but understand that if my tuition is not paid by the 8<sup>th</sup> of any month (October through June), my credit card will be automatically charged.

**PLEASE COMPLETE THIS SECTION IF YOU WISH TO USE THE CARD SUBMITTED DURING YOUR ONLINE REGISTRATION**

*I have submitted my credit card during online registration and would like to use that card for my monthly tuition payment.*

**STUDENT NAME(S):** \_\_\_\_\_

**PARENT NAME(S):** \_\_\_\_\_

**Signature of Card Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE THIS SECTION IF YOU ARE SUBMITTING A NEW CARD**

(Name as it appears on your credit card) \_\_\_\_\_

1) AUTHORIZE MISS KRISTIN'S DANCE STUDIO TO CHARGE THE CREDIT CARD LISTED BELOW FOR AUTOMATIC PAYMENT OF TUITION AND COSTUME FEES AS ELECTED ABOVE

2) AGREE THAT THIS AUTHORIZATION IS VALID UNTIL REVOKED BY ME, IN WRITING, TO MISS KRISTIN'S DANCE STUDIO.

**Card Holder's Name on Card:** \_\_\_\_\_

**Credit Card Type:**     MasterCard     Visa     Discover

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CARDHOLDER'S CREDIT CARD BILLING ADDRESS:**

**Street:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_