

**MISS KRISTIN'S DANCE STUDIO CREDIT CARD AUTHORIZATION FORM**  
**2018/2019**

\_\_\_\_\_ I elect to have my monthly tuition automatically charged on my credit card on the first of each month.

**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:** \_\_\_\_\_

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**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
- 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:** \_\_\_\_\_