Charlee's Elite School of Dance

Credit Card/Debit Card Billing Authorization Form
Valid from: July 15, 2019-July 15, 2020

DANCER'S NAME_____

CARDHOLDER NAME_____

CREDIT CARD TYPE (circle one) MASTERCARD VISA DISCOVER

CREDIT OR DEBIT CREDIT (circle one)

DEBIT CARD NUMBER _____EXPIRATION DATE_____

CVC CODE_____ EMAIL ADDRESS_____

BILLING ZIP CODE_____ PHONE NUMBER_____

Check all that apply for the dance season 2019-20:

_____ Please charge monthly tuition, including Elite Edge monthly tuition and Elite Edge monthly fees, if applicable, of $_____, on the 1st of the month.

_____ Please charge technique costume payments as they come due.

_____ Please charge private lesson charges as they come due.

_____ Please charge any fees that can be paid by credit card as they are due.

I agree that all of the information above is accurate and complete. I acknowledge that I need to provide a written request to cancel this operation. In the event the credit card payment is declined, there will be a $25.00 ($26.50 with tax) service fee added to my account. I understand I will be e-mailed any notices of declined transactions and it is my responsibility to follow up within due dates of payments or be charged the late fees associated with the invoice. I will report any changes in the above information in person or via e-mail to charleeseliteschoolofdance@gmail.com.

Signature_____Date_____

For office use only: