



REGISTRATION – RECURRING PAYMENT AUTHORIZATION FORM

PLEASE FAX TO SECURE # 888-293-5565, OR HAND DELIVER TO STUDIO.

If filling out by hand, please print legibly and use black ink.

School of Theatrical Dance

Student Name(s)

Four empty rectangular boxes for student name information, arranged in two rows of two.

Schedule your payments to be automatically charged to your credit card or bank account.

How Recurring Payments Work: We decide upon a mutually agreeable number of payments and a schedule. You authorize the regularly scheduled charges to your checking/savings account or credit card. A receipt will be emailed for each payment that includes information on how much you've paid off, how much is left, and your next scheduled payment and date. If for some reason the charge to your primary account fails, we will automatically charge your secondary account for the payment. When the total due is collected, the schedule ends and the authorization is terminated.

Please complete the information below:

Form fields for: Total Due, Payment Frequency, Payment Amount, Start Date, # of Payments, and Authorization Expiration Date.

I authorize The School of Theatrical Dance, Inc.

(card holder. print full name)

to charge my account, indicated below, to discharge the above debt for tuition and associated recurring fees using installment payments in the amount and schedule indicated.

Form fields for: Billing Street Address, Phone #, City, State, Zip, and Email.

Please make my primary account: My Credit Card My Bank Account

Credit Card: VISA MasterCard Discover

Form fields for: Cardholder Name, Account Number, Exp. Date, and CW (3 digit number on back of card).

Bank Account: Checking Savings

Form fields for: Name on Account, Bank Name, Bank City/State, Bank Routing #, and Account #.

I authorize The School of Theatrical Dance, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. **PLEASE FAX TO SECURE # 888-293-5565, OR HAND DELIVER TO STUDIO.**

Card Holder's SIGNATURE