

Astudia Dance World

Monthly Automatic Account Payment Authorization

Account Name: _____ Date: _____

Student(s) Name(s):

1. _____ 3. _____

2. _____ 4. _____

Type of card: VISA Master Card

Name on card: _____

Card Number: _____

Billing address: _____

Expiration date: _____ Phone Number: _____

I hereby authorize Astudia Dance World to charge my credit card listed above for the following fees:

Yes N/A Monthly Amount for Regular Group Classes: \$ _____

Charge will happen on the 1st of each month. Initials: _____

Yes N/A Additional Amount for Specialty Lessons: \$25.00 per half hour for solo lessons, \$15.00 per half hour per person for duo and trio lessons

Charge will happen on the 1st of each month. Initials: _____

Yes No Additional Amount for Astudia Store items and/or Costumes with verbal approval.

Initials: _____

The card holder listed above is responsible for payment in full regardless of class attendance. The card holder authorizes Astudia Dance World to charge all of the fees indicated above. All payments are nonrefundable and will be processed on the dates specified above. No bills or statements will be mailed. Payments declined or returned by the bank will be subject to a \$30 charge back fee.

If you wish to stop auto payment, you must notify Astudia Dance World in writing 15 days prior to the date for your next payment.

By my signature below, I acknowledge that I have read and understand the auto payment agreement. I agree to abide by said auto payment agreement and adhere to the payment schedule.

Card Holder Signature: _____ Date: _____