



Anita's Studio of Dance & Theatre Arts

Automatic Payment Authorization Form

If you would like to enroll in our automatic billing, please complete and sign this authorization form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated during the first 5 days of each month, and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by submitting your request in writing.

Customer Information

Student(s) Last Name: _____ First Name(s): _____

Home Phone: _____

Payment Information

A. I authorize Anita's Studio of Dance & Theatre Arts to bring my account current by billing the credit card listed below a one-time charge equal to my outstanding balance as of the day the automatic billing is established.

B. I authorize Anita's Studio of Dance & Theatre Arts to automatically bill the credit card listed below for \$ _____ within the first five days of each month. I understand that if my child(ren) switch classes and there is a tuition change, the amount charged will change accordingly.

C. I elect the following option for payment of costume balances (check one):

- I authorize Anita's Studio of Dance & Theatre Arts to bill the credit card listed below the full amount of any future charges for costume balances. I understand that this charge will be made within 10 days after the billed date.
- I prefer to pay any costume balances myself when due.

Credit Card Information

Anita's Studio of Dance & Theatre Arts accepts Visa, MasterCard and Discover.

Credit Card Type: Credit Card Number: CVC: Exp. Date:

Visa / MC / Disc _____ _____ _____

Cardholder's Name (as shown on card):

Cardholder's Zip Code (cc billing address):

Cardholder's Signature:

Date:
