

Dance Technics Auto Pay Form

Dance Year: _____ Students Name: _____

Parent(s) Name: _____ Students DOB: _____

Mailing Address:

Street _____

City or Town _____ Zip _____

Phone _____

Email _____

Credit Card Payments (please circle):

MasterCard Visa Discover AMEX

Credit Card number _____ Exp. _____ digits/back _____

Check Payments

Back routing number _____

Checking account number _____

I hereby authorize Dance Technics to automatically deduct my monthly tuition on the 1st of each month from (enter start date) _____ 20____ to June 20____. I am also allowing Dance Technics to deduct my costume deposit(s) of \$35.00 per costume on October 15th, 20____ and the costume balance(s) of \$35.00 per costume on November 29th, 20____.

Auto Pay return check fee/credit card decline fee: \$15.00

If you need the auto pay to come out on dates that differ from the dates above, you must indicate a change of dates on the front of this form and then put the changes in writing on the back of this form. Verbal discussion regarding change of dates are no longer accepted.

If you wish to stop auto pay we ask that you give us a 30 day written notice before your transaction is scheduled to come out. Once payments are processed they are *non-refundable*. Thank you.

Signature _____ Date _____