

# 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 \$36.00 per costume  
on October 15th, 20 \_\_\_\_\_ and the costume balance(s) of \$36.00 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 \_\_\_\_\_