Authorization for Direct Payment

<u>*WE DO NOT ACCEPT CREDIT CARD PAYMENTS IN AN AMOUNT LESS THAN $50.00***</u>**

You authorize regularly scheduled payments to be made. Your payments will be made automatically each session throughout the class season. Proof of payment will appear on your account. If we have an e-mail address for you, you'll receive an e-mail notification any time a payment is processed. The authority you give to automatically charge your payment information on-file will remain in effect until you notify us in writing to terminate the authorization. If for whatever reason, payments cannot be processed to your payment information on-file and your account balance remains overdue, your enrollment in classes will be cancelled.

☐ **Automatic / Recurring Payment Plan** **EMAIL:** _____

Credit Card Type: **Visa or Mastercard or Discover**

Name as it appears on card_____

Card Number:_____

Address Associated w/Card: _____

Telephone Number Associated w/Card: _____

Expiration Date:_____ Security Code:_____

I authorize Dance Central performing arts to initiate electronic payments for the balances due on my Dance Central performing arts account. I understand that payments will be automatically made throughout the year for any balance due on my account. I understand that the payment amounts may vary as classes are added/dropped and as other charges/payments are applied to my account.

Bi-monthly tuition will be debited on the 1st of each month. **(_____ initial)**

15th of each month. **(_____ initial)**

A $25 late fee will automatically be added to the tuition amount of those accounts with an inactive or declined card. In the event payment under this agreement is not made at the time and in the manner required, you agree to pay all cost of collection, including court cost, attorney fees, including charges and collection agency fee which would be 35% of the balance assigned, with or without suit.

I understand that all other fees (registration, costumes, etc.) *<u>WILL be charged to my card</u>* on the specified due date unless other arrangements for pre-payment have been made. The amount needs to be paid 5 days before a fee is due, or your card will be charged. **(_____initials)**

Account Holder's Name: _____

Signature: _____ Date: _____

Recurrent Tuition _____ **YES/NO**

Costume Deposit _____ **YES/NO**

Holiday Show _____ **YES/NO**

Costume Balance _____ **YES/NO**

Comp/National Fees _____ **YES/NO**

Apparel, Tights, Shoes, Misc. Exp _____ **YES/NO**

Hold Credit Card Information on File To Call In Monthly Payments _____ **YES/NO**

Summer Tuition _____ **YES/NO**

eff. 8/2017