

Dance Technics Auto Pay Form

Dance Year _____

Students Name: _____ Parent(s) Name _____

Students Date of Birth: _____

Mailing Address:

Street: _____

City or Town: _____ Zip: _____

Phone: _____

Email: _____

Credit Card Payments (please circle):

MasterCard Visa Discover AMEX

Credit Card number: _____ Exp. _____ 3 digit on back: _____

Check Payments

Bank 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 \$32.50 per costume on October 15th, 20 ____ and the costume balance(s) of \$32.50 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 discussions 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 *nonrefundable*.

Thank you.

**Please note when you buy your costume we are under the impression that you will be participating in the recital. If you feel you may be unable to make it to the recital, termination of a class must be by March 1st. Any cancellations after March 1st (a medical injury with a doctor's note is excused) will be charged tuition until recital to accommodate for the replacement student now needed in the dance. Thank you.*

Signature: _____ Date: _____