



Direct Credit Card Charge Plan Application & Authorization

Select either (1) Automatic Credit Card Payment; or (2) Self-Pay – Late Payment Credit Card Authorization. **Initial after your selection.**

(1) Automatic Payment _____

By completing and signing this form, and selecting Automatic Payment, you are authorizing dreamdance Academy to directly charge your credit card to pay your monthly tuition payment in the amount of \$_____. We will charge the monthly tuition payment on or after the first day of each month. **Costume payments will be charged on the due date, November 15th, 2018, unless paid in person before due date.** No late charge will be incurred as long as dreamdance Academy receives actual credit payment. You may terminate this authorization at any time by notifying dreamdance Academy in writing. Allow five (5) business days for the termination to take effect. If corrections of the entry are necessary, it may involve an adjustment to your account.

(2) Self-Pay _____

By completing and signing this form and selecting Self-Pay, you agree to make payment directly to dreamdance Academy in cash or by check in payment of your monthly tuition in the amount of \$_____ on the twenty-fifth (25th) day of each month. You are also authorizing dreamdance Academy to directly charge your credit card in the event that you fail to pay the monthly tuition by the first (1st) day of the month, and the tuition payment together with a late fee of thirty-five dollars (\$35.00) will be charged to your credit card. **If costume payments are not paid in full by November 15th, 2018, your credit card will be charged for the full amount along with a \$35.00 late fee.**

CUSTOMER INFORMATION (PLEASE PRINT):

Parent's Name: _____ Home Phone: _____

Dancer's Name(s): _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ACCOUNT INFORMATION:

_____ Visa _____ MasterCard

Card # _____ Exp. Date _____ / _____

CVC (3 digit code on back of card): _____

AUTHORIZATION

By signing below, I hereby authorize dreamdance Academy to charge my Credit Card upon the above terms. I also confirm that I have credit in the above listed account to cover monthly charges.

Signature: _____

Date: _____ Last 4 digits of credit card: _____