

Last name on account

Garden City Dance Studio

2017-2018

AUTOMATIC CHARGE

Company Students

Class Level: _____

I give Garden City Dance Studio, Inc., permission to charge my:

Mastercard ___ **Visa** ___ **Discover** ___

___ I give permission for my credit card to be processed the 1st of each month for all tuition payments for the 2017-2018 season .

If you prefer to pay by cash or check, please make your payment the week prior to the first of each new month. A credit card must still be kept on file.

If your card is declined and payment is not made by the 1st of the month, there will be a \$30.00 late fee added to your account.

(Student's name) _____.

Parent's Signature _____

Print Name _____

Card number: _____ / _____ / _____ / _____

Expiration date: _____

Security code: _____

Amount: _____

Zip code: _____

Copy of C/C (front and back)