

Last name on account

Phone _____

Garden City Dance Studio

2017-2018

AUTOMATIC CHARGE

Class _____

Please choose your payment option:

OPTION 1:

____ I give Garden City Dance Studio, Inc. permission to charge my card on the first of each month for all 8 payments described in the payment schedule.

OPTION 2:

____ I choose to make my payment by the 10th of each month. If tuition payment is not made by the 10th of each month, your credit card will be processed for the monthly tuition amount plus a \$30.00 late fee.

***All accounts MUST have a credit card on file*

I grant permission for the period ranging from September 2017 to June 2018.

Please note, if your credit card is declined, there will be a \$30 fee added to your account.

Please keep your card information updated to avoid this fee.

Student's name _____

Signature _____

Print Name _____

Mastercard ___ Visa ___ Discover ___

Card number: _____ / _____ / _____ / _____

Expiration date: _____ / _____ Security code _____

Amount: _____

Billing address: _____ zip code _____

Copy of C/C (front and back)