

Credit Card Authorization Form

Your completion of the authorization form helps us to protect you, our valued customers, from credit card fraud. Hammond Studio of Dance will keep all information strictly confidential.

Auto Pay Credit Card Program allows Hammond Studio to automatically charged the credit card between the 1st and 5th of each month for tuition.

I authorize Hammond Studio of Dance to charge my credit card for future purchases verbally approved by me. Authorized Until: _____

Initials _____. I am aware that if my tuition payment is late, my credit card will be charged the tuition fee and additional \$25 late fee. If my card is declined, my child will not be able to participate in class.

Billing Information

Tuition Amount: _____

Name on Credit Card: _____

Card # _____

Expiration Date: _____ Vid Code: _____

Type: Visa Mastercard Billing Zip code: _____

I hereby authorize Hammond Studio of Dance to charge the above reference account and to apply said charges toward the payment of my monthly tuition. I authorize Hammond Studio of Dance to charge the late fee of \$25 if my tuition is not received by the 5th.

I understand that it shall remain my obligation to notify Hammond Studio of Dance **in writing 14 days** before the 1st of each month in advance of my internet to terminate my autopay authorization. If the above card is declined for any reason, I am responsible for tuition and late fee's.

Dated: _____

Print Student Name: _____

Authorized signature