

CREDIT CARD/BANK ACCOUNT AUTHORIZATION RELEASE FORM

(Optional)

I, _____, authorize Charlotte Dance Alliance to use the following account information for all my account billing. I am allowing Charlotte Dance Alliance to clear any and **all** invoices due to my account on this credit card or bank account (which include registration fee, tuition, costumes, late fee, recital fee, and any other studio or dance related items purchased on my account. I take full responsibility for payment of all charges and understand that a \$25 late fee may be applied to my account if my credit card/bank account is declined and cannot be processed for the amount due at that time. This agreement will remain in effect until I notify **Charlotte Dance Alliance** of my intent to discontinue the use of my charge card/bank account in writing.

This authorization is to be used for the following dance account:

Name of dancer(s): _____ Monthly Tuition: _____

Please fill out ONE of the following payment methods:

VISA MasterCard Discover AMEX Bank Draft

Credit Card Number _____ **Expiration** _____ / _____

Name as it appears on card: _____

Billing Address: _____ Billing ZIP Code: _____
Street City State

OR

Bank Draft Info

Bank Name: _____

Account Name (Name on your bank account) _____

Bank Routing Number (9 digits) _____ Account Number _____ Account Type (Circle One)
Checking Savings

A copy of our tuition policies has been provided to you. Thank you for your business!
To change payments to a different credit card you must resend this form 30 days prior to your next scheduled payment.

Your signature denotes you have read all information above and agree to the terms.

Signature of account holder: _____ Date _____

Office Use (Circle One)

New

Revised

Complete, Remove, & Turn In