Fishback Studio of the Dance Account Modification Form

***CHANGE STUDENT CLASSES***

Student Name ID#

 Add / Drop class New Tuition Amount $

***ADD STUDENT TO AUTOMATIC PAYMENT***

Last Name First Name

ID # Tuition Amount $

***CHANGE CREDIT CARD INFORMATION***

 Visa Mastercard American Express Discover

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_ Billing Zip Code\_\_\_\_\_\_\_\_

 ***CANCEL AUTOMATIC PAYMENT ONLY*** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Withdraw from Fishback Studio of the Dance, LLC completely** and cancel auto-pay: I/we authorize **Fishback Studio of the Dance, LLC** to make the above changes to my account and charge final account balance to the credit card on file. In the event that I/we withdraw from classes, I understand that advanced notice is required by the 19th of the month prior, to stop auto-payment for the next billing cycle and that any overpayment will remain as a credit on the account unless otherwise noted.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY Rec’d by\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_