

Fishback Studio of the Dance
Automatic Payment Enrollment Form 2020-2021 Season

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|----------------------|------------|
| Student #1 Last Name | First Name |
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|----------------------|------------|
| Student #2 Last Name | First Name |
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|----------------------|------------|
| Student #3 Last Name | First Name |
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|----------------------|------------|
| Student #4 Last Name | First Name |
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|-------------------------------|------------|
| Credit Card Contact Last Name | First Name |
| | |

| | |
|---------|----------|
| Address | Zip Code |
| | |

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|-----------------------|-------|
| Primary Phone (H C W) | Email |
| | |

I/we, hereby authorize **Fishback Studio of the Dance, LLC** to charge the credit card number listed below for monthly tuition due on the account for the monthly cycle, starting on _____, continuing until May 22, 2021, to the account ending with _____. This authorization is to remain in full force and effect until **Fishback Studio of the Dance, LLC** has received written notification from me/us of its termination by the 19th of the month prior to change/withdrawal of a student, on the appropriate change/withdrawal form. **Payment will be processed on the 5th of each month.** If payment is rejected, I/we will be responsible for submitting a different form of payment by the 19th of the month to avoid late fees.

Visa Mastercard American Express Discover

Card # _____ Exp Date _____ Billing Zip Code _____

Signature _____ Date _____

| | |
|-------------------------------------|-------------------------------------|
| Student #1 Monthly Tuition \$ _____ | Student #2 Monthly Tuition\$ _____ |
| Student #3 Monthly Tuition \$ _____ | Student #4 Monthly Tuition \$ _____ |
| Total Monthly Amount \$ _____ | |
| (All amounts include tax) | |

| | |
|---------------------------------|-------------|
| OFFICE USE ONLY Rec'd by: _____ | Date: _____ |
|---------------------------------|-------------|