

Fishback Studio of the Dance Account Modification Form

Student Name _____

ADD/DROP STUDENT CLASSES

Add _____ Drop _____ New Amt \$ _____

CHANGE CREDIT CARD INFORMATION

Visa Mastercard American Express Discover

Card Number _____ Exp Date _____ Billing Zip Code _____

PAUSE AUTO PAYMENT Date _____

RESTART AUTOMATIC PAYMENT Date _____

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 _____