

Fishback Studio of the Dance
Automatic Payment Enrollment Form 2022-2023 Season

Student #1 Last Name	First Name

Student #2 Last Name	First Name

Student #3 Last Name	First Name

Student #4 Last Name	First Name

Credit Card Contact Last Name	First Name

Address	Zip Code

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 2023, 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 20th of the month prior to change/withdrawal of a student, on the appropriate change/withdrawal form. **Payment will be processed on the 3rd of each month.** If payment is rejected, I/we will be responsible for submitting a different form of payment by the 5th 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: _____
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