

Dancemakers

Automatic Payment Consent Form & Payment Policies

This form must be filled out completely

Card Holder's Information:

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Debit Card () Visa () MasterCard

Card # _____ — _____ — _____ — _____ EXP _____ sec code on back _____

Credit Card () Visa () MasterCard

I hereby authorize Dancemakers Performing Arts Center to charge my account the tuition amount of \$ _____ on the 1st day of each starting ____/ 1 / ____ and ending ____/ 1 / ____.

I also hereby authorize Dancemakers Performing Arts Center to charge my account at my discretion, for any outstanding balances, costs, and /or payment that I may incur.

Please acknowledge that you have read and understand the following: (Initials required)

____ I have read, understand and received a copy of Dancemakers Payment Policies.

____ I understand that if my credit/ debit card is unable to be processed, there will be a \$35.00 service fee and if my tuition is late (as of the 5th of the month) there will be a \$15.00 late fee.

____ I understand that if an outstanding balance is not paid by the 15th of the month, my student will be withdrawn from the studio. Depending on the availability of the classes, my student may re-enroll with a re-enrollment fee and a deposit may be required to continue the class/es.

____ I understand & will abide by the school's withdrawal policy that states:
Should it become necessary to discontinue classes for any reason, a withdrawal form must be signed and be submitted within 30 days of the corresponding month that the student will no longer be taking class . Otherwise, tuition charges will continue to incur, regardless of attendance. I understand that this is the procedure I need to follow in order to continue services at Dancemakers.

Print Name : _____ Signature _____

Date: ____/____/____

By signing above, I acknowledge that I have read, understand and agree to everything described on Dancemakers Automatic Payment Consent Form and Payment Policies and Procedures.

WITHDRAWAL REQUEST

I am hereby, officially notifying Dancemakers of the intention to withdraw the following student/s for class.

I understand that I must give a 30 day notification and pay the end of the 30 day notification. I further understand that all outstanding balances must be paid in full at the time of withdrawal or my credit card/ debit card will be charged with a fee stated above.

Reason for withdrawal: _____

Parent/guardian Signature

Date