



Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us. A \$10 fee will be assessed for declined card transactions. It is your responsibility to inform our office of expired or new cards in order to not be assessed additional fees.

Customer Information

Student's Name _____

Contact (Parent's Name) _____

Email address* _____ Phone Number _____

*We will notify you via email when your recurring payment is set up and when your card is charged.

Payment Information

I authorize Todd Rosenlieb Dance to automatically bill the card listed below as specified:

Classes enrolled: _____

Recurring amount: 1 Class 2 Classes 3 Classes 4 Classes

2-Payment Option: \$285 \$540 \$781 \$1,022

9-Payment Option: \$66 \$126 \$182 \$238

Frequency: 2-Payment (on 2/5/2019) 9-Payment (Start on: 10/5/2018; End on: 5/5/2019)

I also authorize TRDance to use this card to pay my first tuition payment if I did not pay it when registering.

Credit Card Information

Card Type: MasterCard Visa Discover AmEx Other _____

Card Number _____ Expiration ____/____ Code _____

Name (as on Card) _____ Billing Zip Code _____

Customer/Cardholder Signature _____

Date _____

Office Use: Pmt created in QB

9-Pmts received: Sept Oct Nov Dec Jan Feb Mar Apr May

2-Pmts received: Sept Feb