

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)
FROM CREDIT CARD ACCOUNTS**

Company Name: Dance Works

I hereby authorize Dance Works, herein called the company, to initiate automatic debit entries from my Credit Card/ Debit Card (select one) indicated below, and to debit the same to the same account monthly.

Name on Card:

First Name

Last Name

Billing Address - Street

City

State

Zip

Credit Card Number

Expiration

Visa – MC – Discover – AMEX

CCV

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such a manner as to afford Company and Credit Card Company a reasonable opportunity to act on it.

Signature _____ Date _____

Print Name _____ Amount of each payment \$ _____

1st Payment will be made on the _____ of the month starting: _____

Student Name _____ Studio Representative _____

30 DAY NOTICE TO CANCEL

AUTO DEBIT OCCURS EACH MONTH ON THE DAY INDICATED ABOVE. IF YOU CHOOSE TO CEASE YOUR AUTO-DEBIT, YOU MUST DO SO 30 DAYS PRIOR TO THE NEXT AUTO DEBIT DATE. YOUR LAST MONTH OF CLASSES IS PAID FOR IN ADVANCE. THE EXACT AUTO DEBIT DATE IS THE DATE SCHEDULED, BUT MAY BE AFFECTED BY WEEKENDS OR HOLIDAYS. IF YOU CANCEL – THERE ARE NO REFUNDS – YOU WILL HAVE A CREDIT OF WORKSHOPS / CLASSES HERE AT DANCEWORKS.

(_____) CLIENT'S INITIALS