

East Valley Ballet Academy Autopay Authorization Form

Family Name: _____

Student (s) Names: _____

Name EXCATLY as it appears on card: _____

Credit Card Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____

Email Address (required for Monthly Autopay): _____

All families are required to have a valid credit card on file for monthly tuition payments. Tuition will be processed between the 1st and 3rd of each month through our automated payment system. No prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being charged.

(Initials) If you would like to drop a class, you must submit the withdrawal form found on the website (evballet.com). Notification must be 14 days prior to the 1st of the month to stop payment and withdrawal for the following month. There are no refunds or credits given. If you drop and later re-enroll, the current registration fee and tuition rates will apply.

(Initials) Parents are responsible for updates to payment information. Declined payments will result in a \$15 fee. Tuition and fee must be paid by the 10th to avoid a \$20 late fee. The student will be dropped from the program if tuition and fees are not paid by the 20th the of the month.

(Initials) All tuition paid is non-refundable.

Please initial above and complete the information below:

Authorization

I authorize East Valley Ballet Academy LLC to charge my credit card on file for payment of my tuition bill.

SIGNATURE _____ DATE _____

I certify that I am an authorized user of this credit card and will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Information below will be shredded once recorded in payment processing system:

Credit Card Number: _____ Exp Date: _____ CVC: _____