



One monthly payment will be charged to your card on the 1st of every month (this will include tuition, late fees, etc.). A record of the payment will appear on your credit card statement. ALL accounts will be charged on the 1st with no exceptions: all accounts must have a debit/credit card on file moving forward for the 2018-2019 season (American Express not accepted).

Automatic Payment Plan Agreement:

Monthly Tuition: \$ _____ **Late Fee \$15 Will be charged after the 5th**

This is the amount to be charged to your account. If you are enrolling more than one dancer this figure should be different. Signing below will authorize Centerstage Dance Academy to initiate credit card charges for the monthly payments reflected above and to initiate, if necessary, credit entries and adjustments for any debit entries in error to credit card. This authority is to remain in full force and effective until the fees are paid in full. I understand I will be charged a \$25.00 fee for charges that are rejected and that Centerstage reserves the right to cancel this authorization and will notify me in writing of such action.

I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify Centerstage Dance Academy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In case of an ACH Transaction being rejected for Non-Sufficient Funds, I understand that Centerstage may at its discretion attempt to process the charge again within 30 days and agree to an additional charge for each attempt returned NSF. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S Law. I certify that I am an authorized user of this card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Please check one below:

VISA: _____

Master Card: _____

Other: _____

Sorry we do not accept American Express

Credit Card Number _____

CC # (3 digits on the back): _____

Expiration Date: _____