



THE SPIRIT OF DANCE
 PO BOX 1943
 FAIRPLAY, CO 80440
 (970) 389-1915

2011-2012 Dance Season

Credit/Debit Card Authorization Form

I hereby authorize The Spirit of Dance to charge my credit/debit card as specified below.

CREDIT/DEBIT Card Type (*CIRCLE ONE*) : MasterCard VISA

This card is a (*CIRCLE ONE*) : DEBIT card CREDIT card

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Security Code: _____
MM / YY (3-digit number on back of card)

Cardholder Name (*PRINT*): _____
(exactly as it appears on the card)

Cardholder Billing Street Address: _____

City: _____ State: _____ Zip: _____

Monthly Tuition Amount \$ _____ will be charged the **1st day of each month** starting September 1, 2011 and ending April 1, 2012. *May's tuition will be charged with April's tuition on April 1, 2012.*

Monthly Tuition Amount \$ _____ will be charged the **2nd week of dance classes each month – ONLY** when payment is not received via cash/check/money order during the 1st week of dance classes each month – starting September 1, 2011 and ending April 1, 2012. *May's tuition will be charged with April's tuition the second week of April if payment not received the first week of April 2012.*

Yearly Tuition Amount balance due \$ _____ will be charged in September 2011 (*1st week of classes*).

Specific amount(s) as authorized verbally or via email. \$ _____
 Explain this charge: _____

A \$15 fee will incur for any declined credit/debit card transaction.

I understand that The Spirit of Dance will charge funds to my credit/debit card as indicated above. I understand that if I wish to discontinue charges to my credit/debit card for any reason, I must contact The Spirit of Dance.

Signature _____ Date _____