

Center Stage Dance Academy
Credit Card

2019-2020

- ☐ Monthly tuition
- ☐ Competition payment plan
- ☐ On File Only

Return or scan to
csda.danceacademy@gmail.com

I authorize Center Stage Dance Academy to charge the credit card indicated in this authorization form according to the terms outlined below. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify CSDA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. This means you will not UNLINK your credit card without formal communication prior to any changes.

Name - PLEASE PRINT AS APPEARS ON CARD _____

Address - PLEASE PRINT _____ ZIP _____

Phone Number - PLEASE PRINT _____

Email - PLEASE PRINT _____

Student Name- _____

Please circle one: Visa / MasterCard / Discover
Account Number:

_____ Expiration Date: _____

3 Digit CID # from back of the card: _____

Credit Card on file: This credit card is kept on file for charges that are more than **5** days past due. In the event that my payment is delinquent, CSDA may charge my card for those charges.

Credit Card monthly tuition: Credit card will be charged on the 1st of the month. Costumes will be charges as outlined on policy information sheet.

Credit Card competition payment plan: Credit card will be charged on the 15th of the month for the agreed amount.

All charges are subject to a 3% surcharge.

Signature _____ Effective Date _____