

Auto Payment

Student Name(s) _____

Parent / Guardian Name _____

Address _____

City/State/Zip _____

Phone # _____

I authorize the SunDance Studio to charge the following credit card for tuition, costume charges and recital fees (if applicable), and/or gym fees (if applicable). I understand that tuition will be charged to my account at the beginning of each session.

Account # _____

Exp Date _____ MasterCard / Visa
(please circle)

I further understand that I must notify the Studio in writing by the 7th week of the current session in order to cancel this auto-pay credit card payment agreement (for the following session).


This authorization is valid through June 15, 2010

Printed Name on Card _____

Cardholder's Signature _____

the
SunDance
studio



 Where your children shine! 