

Automatic Payment By Credit Card Authorization Form



Please print out this Automatic Payment By Credit Card Authorization Form.

Dancer's Name: _____

Please check the type of card that you wish to authorize for transactions:

VISA _____ MasterCard _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date on Credit Card: _____ / _____

Monthly Payment

Full Year Payment

Phone Number of Credit Card Holder: (_____) _____ - _____

I authorize this information to be kept on file for future use: Yes No

If The Dance Factory is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results.

I also authorize that financial institution to reduce/charge the balance of my account by the amount of those charges (and/or corrections to previous charges) on the agreed upon schedule. This authorization will remain in effect until I provide notice revoking the authorization by The Dance Factory (403) 278-1817. 1 month notice must be received by the 7th of the month to get the following month's fee's stopped (see policy letter).

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

You will continue to be charged the amount owed until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please contact TDF at (403)-278-1817 or dancefactory1@shaw.ca.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date of Signature: _____

