CREDIT CARD AUTHORIZATION FORM

This information is confidential, AND will require annual updating.
Please complete and email to cdedanceacademy@hotmail.com

DANCER'S NAME: _____

DANCER'S DOB: _____

POSTAL CODE: _____

NAME AS APPEARS ON CREDIT CARD: _____

CARD TYPE (choose one): □ VISA □ MasterCard □ VISA DEBIT

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ (month /year)

CARD SECURITY CODE (CSC / CVV): _____

CHECK ONE OPTION: Monthly Tuition Amounts from September-June

□ WITHDRAW ON THE 1ST OF THE MONTH - AMOUNT: $_____

□ WITHDRAW ON THE 15TH OF THE MONTH - AMOUNT: $_____

□ WITHDRAW ON THE 21ST OF THE MONTH - AMOUNT: $_____

COSTUME FEES ARE $105.00 EACH, AND ARE DUE ON OCTOBER 15TH. YOU MAY PAY VIA CHEQUE AT THE STUDIO, OR AUTHORIZE US TO CHARGE YOUR CARD FOR YOUR DANCER'S APPLICABLE COSTUME FEES.

Do you authorize us to automatically withdraw the costume fee on October 15th? (Check one)

□ YES

□ NO

Signature:_____

Date: _____

CDE DANCE ACADEMY
425 PEMBROKE STREET E
CDEDANCEACADEMY@HOTMAIL.COM