



58485 Pearl Acres Rd
Slidell, LA 70461
(985) 646-0171

For Office Use Only
Tuition:
QB \_\_\_ CK \_\_\_ CC \_\_\_
Costume Payments:
9/20/21 \$ \_\_\_
10/20/21 \$ \_\_\_
Recital Fee Payments:
2/20/22 \$ \_\_\_
3/20/22 \$ \_\_\_

2021-2022 Recurring Payment Authorization Form

Payments for Tuition, Costume Fees and Recital Fees will be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Student's Name(s): \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ per month Costume Fee Total: \$ \_\_\_\_\_ Recital Fee Total: \$ \_\_\_\_\_

Please complete the information below:

I, \_\_\_\_\_, authorize Creative Dance LLC to charge my bank account or Credit card designated on this form for the fees listed above. Tuition will be debited on the 5th day of each month beginning September 05, 2021, until May 05, 2022. The total Costume fee will be divided into 2 payments. The first 1/2 of costume fee debited September 20, 2021, and second 1/2 debited October 20, 2021. The first 1/2 of total Recital fee will be debited February 20, 2022, and the second 1/2 debited March 20, 2022.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E mail \_\_\_\_\_

Checking/ Savings Account

OR

Debit Card/Credit Card

Form for Checking/Savings Account with fields for Name on Acct, Bank Name, Account Number, Bank Routing #, and a routing number diagram.

Form for Debit Card/Credit Card with fields for Card type (Visa, MasterCard, Amex, Discover), Cardholder Name, Card #, Exp. Date, Security Code, and Billing Zip Code.

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing. I agree to notify Creative Dance LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. There will be a \$25.00 fee charged for ACH Transactions being rejected for Non Sufficient Funds (NSF) from checking accounts. I understand that if my credit/debit card transaction declines, that Creative Dance LLC will attempt to process the charge again. I understand that it is my responsibility to keep account information up to date, and will notify Creative Dance LLC of any changes that have taken place after submitting this form. A \$25.00 late fee will be added to tuition payments received after the 10th of the month. An additional \$25.00 late fee will be charged for costume/recital fee payments made more than 5 days after the due date. NO EXCEPTIONS! I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, as long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

