Monthly Automatic Account Payment Authorization – Visa or MasterCard Only

Incomplete forms will not be processed. Do not attempt to email or telephone this information

Auburn Dance Academy
1811 Howard Road Suite 100
Phone: (253) 833-1891

Remember to include your name!

Account Name/Cardholder Name

(EXACTLY as it appears on card statement)

Name PRINTED Here

Type of Card: ☐ Visa ☐ Mastercard

Write any additional message here:

Card Number:

☐☐☐☐ x ☐☐☐☐ x ☐☐☐☐ x ☐☐☐☐

Expiration Date: MM/YY

☐☐/☐☐ (☐☐☐)☐☐☐-☐☐☐☐

Cardholder Signature and Date: _____

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Absolutely NO REFUNDS and NO EXCEPTIONS

ADDITIONAL INFORMATION ABOUT THIS METHOD OF PAYMENT

Your card will be debited the 1st of each month.

If you want to stop Auto-Pay you MUST contact us BEFORE the 1st of the month
Absolutely NO REFUNDS and NO EXCEPTIONS

Tuition and all other fees are due the 1st of the month; additionally there is a ten (10) day grace period. Late fee is $20. **You will be subject to late fees and all late account processes if your card is declined or otherwise not authorized by your bank.**

It is YOUR responsibility to maintain current address, contact and Credit Card information.

ALL correspondences regarding your account, including any problem with the card payment will be mailed to the address you have provided for your ADA Account.

The completed, form must be returned to our office for processing. You may drop-off, or mail this form. Do not attempt to email or telephone this information.

Verification of fund transfer is at the discretion of, and the full responsibility of the customer. It is your responsibility to update payment information provided here. Payment cannot be processed if any of the following occurs:

- **Issuing bank will not authorize payment for ANY reason**
- **Card Expired**
- **Change to Card (Example: card number, billing address, legal name change)**
- **Card has been reported Lost or Stolen**

I Authorize Auburn Dance Academy or its authorized agent to begin electronic monthly deductions from my Visa or Mastercard to pay the above mentioned fees.

Signature:_____Date_____