



RECURRING TUITION PAYMENT AUTHORIZATION FORM

CUSTOMER INFORMATION (Please print clearly)

Billing Contact's First Name _____ Last Name _____ Home Phone _____ Cell Phone _____ Work Phone _____
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Mailing Address _____ City _____ State _____ Zip _____ Email _____
PA

I, _____, elect to have my tuition automatically charged to my credit card/checking account on or before the tenth day of every month. I authorize my credit card company/bank to make my recurring payment by the method designated below and to post it to my account.

Total Recurring Amount: \$ _____ **Beginning:** _____/_____/_____ **Ending:** May 31st, 2012
Monthly Tuition Rate Month Year

Method of Recurring Payment: Visa MasterCard Discover Bank Account

CREDIT CARD INFORMATION (Complete if applicable)

Credit Card Number: _____ - _____ - _____ - _____ Credit Card Exp. Date: ____/____

Credit Card Billing Address:

Same as Above Other: _____
Street City State Zip

BANK ACCOUNT INFORMATION (Complete if applicable)

Bank Name: _____ 9 Digit Bank Routing Number: _____

Bank Account Number: _____

***Important: Please attach a voided check with this form if completing this section.**

DANCEVIBE POLICIES (Please initial beside each policy)

Adding/Withdrawing from a Class:

A new "Recurring Payment Authorization Form" must be completed any time the recurring amount changes. This includes adding/withdrawing from a class. **Initial:** _____

Cancellation:

DanceVibe must be notified in writing that you are cancelling the recurring payment plan at least 21 days prior to the next billing date. Failure to meet this requirement will result in the above customer being responsible for one additional tuition payment. **Initial:** _____

Insufficient Funds:

A fee of \$25 will be charged for each returned payment. **Initial:** _____

Signature: _____ **Date:** _____

**Mail this form to DanceVibe, 540 Orrs Bridge Road, Camp Hill, PA 17011 or place it in our tuition drop box at our studio.*