

Student's Name(s): _____ Family Account Name: _____



Hassle Free Payment Agreement Form

Tuition- Please select one

Auto Pay for Tuition- I hereby authorize The Dance Project, LLC to charge my credit/debit card every four weeks, according to the fee schedule for 2015-16, for tuition.

I authorize The Dance Project, LLC to charge my credit/debit card the week after tuition is due in order to bring my account current. I understand that my card will not be processed unless my account is delinquent.

Costumes- Please select one

Auto Pay for Costumes- I hereby authorize The Dance Project, LLC to charge my credit/debit card for costume fees associated with the class(es) I am registered for in the 2015-16 season.

I authorize The Dance Project, LLC to charge my credit/debit card for outstanding costumes balances the week prior to performances in order to bring my account current. I understand that my card will not be processed unless my account is delinquent.

Name on Credit Card: _____

Credit Card Last 4 digits: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, And Zip Code: _____

Payment Amount (amount will be automatically updated if you add/drop classes): _____

- I understand that The Dance Project LLC will charge my credit card/debit card as indicated by my selection above.
- I understand that this agreement for tuition and costume fees will continue for the 2015-2016 season until I notify The Dance Project, LLC by filling out a studio withdrawal form.
- I understand that it is my responsibility to keep a valid credit card on file and up to date. If I need to update or change my account information, I can do so by seeing the front desk during office hours.
- I agree that my account should have a zero (0) balance by the end of the 2015-2016 dance season and if it is not I authorize The Dance Project, LLC to charge my card on file to bring my account current. Overdue accounts with any sort of balance (tuition, costumes and otherwise) will be brought to zero on June 6th 2016

Print Name: _____ Signature: _____ Date: _____

*****Below to be shredded*****

Credit Card Number _____

Your credit card will be stored securely with Element Payment Services