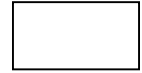


Allegro Dance Arts



AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name: _____ Student's First Name: _____

Parent's Name: _____ Phone Number: _____

I hereby authorize Allegro Dance Arts to charge my account for the amount of:

\$ _____ on the first day of each month starting _____ and ending _____.

\$ _____ for recital fee and \$ _____ for costume deposit on December 1st.

Further, I authorize Allegro Dance Arts to charge my account for:

- The recital costume balance due on February 1st. (The balance will not exceed the budget rate listed in the school information.)
- Any convention or competition fees that I have agreed to pay.

I will give the school office one-month's written notice from the first of the month to discontinue these charges.

Signature of Parent or Adult Student

*Method of Payment -- ***Please help us save money and keep tuition low by using auto-pay from checking or your debit card. Thank you!*

- Checking Account – (attach voided check)***
- Debit Card***
- Visa
- Master Card

Card Number

Expiration Date

Card Holder's Name (AS IT APPEARS ON CARD)

Zip Code (AS IT APPEARS ON CARD BILL)

Statement of confidence – Federal Automatic payment regulations are very strict and allow millions of transactions to happen every day without incident. Many people use automatic payment to pay everything from their mortgage to their water bill. It's secure and timesaving.

Office Use Only

Sept. _____	Dec. _____	Mar. _____
Oct. _____	Jan. _____	Apr. _____