



1358 CAPE ST. CLAIRE ROAD · ANNAPOLIS · MD · 21409 · (410) 757-0599

Credit Card Debit Authorization

***If payment is not received by the fifth (5th) of the month,
to ensure your child's continued enrollment,
your credit card will be billed automatically.***

I, _____, hereby authorize Annapolis Dance Factory, LLC. to debit my: VISA MASTERCARD (please circle).

The **Billing Address** for this credit card is:

_____.

The **Account Number** for this card is:

The **Expiration Date** is:

____/____ (month/year).

The **Security Code** on the back of the card is: _____.

➤ I further authorize Annapolis Dance Factory, LLC. to debit my credit card for monthly tuition. _____ (please initial to choose this option)

For charges incurred in connection with the tuition noted below. I understand such debiting for tuition payments will normally occur on or about the first day of each month, for as long as I am actively enrolled or until such time as I deliver written notice of the termination of this authorization to Annapolis Dance Factory, LLC. I understand the above listed card will be debited automatically if Annapolis Dance Factory, LLC. does not receive tuition payment before the fifth (5th) day of the month. I also agree to hold Annapolis Dance Factory, LLC. harmless from liability as a result of its activity in connection with such transactions.

Dated this _____ day of _____, 20__.

Customer's Signature: _____

Tuition Payment: _____