AUTHORIZATION FOR AUTOMATIC MONTHLY TUITION PAYMENTS

The Automatic Monthly Tuition Payments will be set as a convenient automatic payment system.
Student Name
Credit Card Account: Visa Master Card (Please circle)
Cardholder's Name: (PRINT LEGIBLY)
Account number:
Expiration Date:
Security Code:(last 3 numbers after account number on back of card near signature)
Should my credit/debit card transaction be declined, I understand that a service charge of \$20.00 will be assessed and billed to me directly. I agree to remit this fee to KDA upon receipt of invoice.
n the event my credit/debit card transactions are declined on a repeated basis, I understand that my continued participation in the automatic payment program may be terminated. If this occurs, I understand that to ensure non-interruption of my child's dance education, I will be required to remit any past due tuition.
hereby authorize KDA to charge my credit/debit card for monthly tuition during the first week of each month
Charges will begin in the month of
Authorized Signature Today's Date
Credit Card Billing Address:
Home phone #-
Home phone #: Email address: