

Recurring Credit/Debit Card Transaction Authorization

(Please Print Clearly)

Customer Name _____ Student Name(s) _____

Telephone Number: _____ Driver's License # _____



(Circle One) / Is this a Debit Card? _____

Credit Card # _____ Exp Date ____/____/____ 3 Digit Code _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

I authorize Southern Dance Theatre to process an electronic debit from my credit card, with a 4% processing fee, on the 1st of each month, starting with my second installment. **If the 1st of the month falls on a Saturday or Sunday, tuition installments will be debited on the Friday before. Therefore, my final tuition installment will be charged to my account on May 30, 2025.** If I wish to discontinue this payment method, I must notify the office by the 25th of the previous month with new payment authorization. Failure to notify will result in continued processing of my current credit card for tuition.

If a tuition installment is declined, the backup credit card will be charged. An additional \$15.00 late fee will be applied if the declined installment is not paid in full by the 10th of the month. After the 15th, if the declined installment and late fee are not paid in full, students will not be permitted to attend class. Three declined tuition installments will require full payment of the annual tuition balance, which must be paid with a money order or cashier's check.

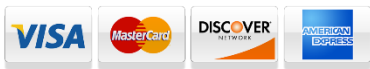
Monthly Installment (w/ a 4% card processing fee): \$ _____

Total Number of Installments: _____

Billing Begins: _____ Final Billing: **May 30, 2025**

It is my responsibility, as the customer, to ensure my information is current and updated at all times.

Customers are required to have a second credit card (no debit cards) on file with Southern Dance Theatre. In the event that tuition is declined, the payment will be billed to the second credit card listed below. If I wish to update or change my second credit card on file, I must notify Southern Dance Theatre by the 25th of the previous month with the new credit card information.



(Circle One)

Credit Card # _____ Exp Date ____/____/____ 3 Digit Code _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

_____ I have reviewed and agree to the terms of the recurring Credit/Debit card transaction authorization.

Signature: _____ Date: _____