

2022 - 2023 Automatic Payment Authorization Form

- I understand that my \$25 Registration Fee (per student) and my First Tuition Payment will be deducted today.
- I understand that my monthly tuition will be automatically pulled on the 5th of each month. The final payment will be on May 5th and will be for May and Rehearsal Fees.
- You are responsible for updating your new account information with us at least 5 days prior to your payment being pulled. Any payments not taken care of by the 10th of the month will result in a \$10 late fee. For all declined transactions (including insufficient funds, expired or new account information, etc.) a \$10 decline fee will be added to your payment. Email notification about your upcoming payment as well as a receipt for all accepted or declined payments will be sent out. Be sure you are receiving these emails to help track your payment records.
- I understand that my Costume/Recital Deposit of \$65 per class will be automatically pulled from this account on November 14th and Costume/Recital balance pulled on January 16th.

Student Name _____
Name on Card: _____
Card Number _____
Exp Date _____ CVC _____
Billing Address _____
Account Holder's Email _____

\$ _____	Monthly Tuition Amount
\$ _____	Registration Fee
\$ _____	Total

I understand that this authorization will remain in effect until I cancel it, and I agree to notify Mini Motions Dance Center of any changes in my account information or termination of this authorization at least 5 days before the next billing date. If the above noted payment dates fall on a holiday or weekend, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected I understand that Mini Motions Dance Center may at its discretion attempt to process the charge again within 30 days. An additional \$10 charge will be added for each transaction which will be added to the total transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

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