

Automatic Draft Authorization

Student(s) Name(s) _____

Monthly amount to be drafted \$ _____

Date of first automatic draft _____ Date of Last automatic draft _____

E-Payment: Bank Account _____ Credit Card _____

E-Payment Schedule: 15th of month

Credit Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Name as it appears on card _____

Address _____

City _____ State _____ Zip _____

Credit Card # _____

Exp. Date: ____/____ CVC Code _____
 Month/Year

Bank Name: _____

Bank Routing Number: _____

Bank Account # _____

Account Type: Checking _____ Savings _____

Name on Account _____

I hereby authorize Dynamic Dance to draft my credit card or bank account as indicated above. I understand that this will be done on the 15th of each month until terminated by written notification received prior to the 12th of the month of the next charge.

There will be a \$25 charge for ALL DECLINED CHARGES

Authorized Signature

Date

Witness

Date