



CDA AUTOMATIC DRAFT/PAYMENT AUTHORIZATION FORM

You must sign up again for the new 2018-2019 season, as a new applicant, if you were on Auto/Draft last year. We do not keep your information on file over the summer.

Please print and return to the front desk to sign up for automatic payment for the 2018-2019 dance season

I am: _____ **A new Automatic Draft/Payment Applicant** for the 2018-2019 Season.
_____ A Current Automatic Payment user reporting a change in my credit card.

NOTE: If you have a credit card on your parent portal please understand that credit card is for your personal use to pay your account through the portal. That card is not AUTO/DRAFT. You must complete this form for AUTO/DRAFT payments.

I am signing up for:

_____ **Tuition ONLY** to be charged to my card monthly. I will pay all other fees due by cash/check or credit card inside the studio.

_____ **Tuition and ALL FEES** to be charged as they are due. This includes, performance fees, costume fees, etc. I will receive a statement showing the activity as it occurs on my account.

**Please note that a change (not cancellation, see below) requires 30 days for processing.*

Student's Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian Daytime Telephone: _____

Email: _____

CREDIT CARD PAYMENT INFORMATION:

Payment date: Credit card will be billed between the 1st & 5th of month for tuition.

Type of Account: _____ **VISA** _____ **MASTERCARD** _____ **DISCOVER**

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Credit Card Number: _____

Expiration Date: _____ **3 Digit Code on Back:** _____

I authorize Cumming Dance Academy, Inc., as applicable, to initiate credit card charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide written notice revoking the authorization by Cumming Dance Academy, Inc. (770) 781.4922 at least two (2) weeks (CDA Cancellation Policy applies) before my account is to be charged.

Authorized Signature: _____ **Date:** _____