



CDA AUTOMATIC DRAFT/PAYMENT AUTHORIZATION FORM

You must sign up again for the new 2019-2020 season as a new applicant if you were on Auto Pay last season.

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 2018-19 season

I am: _____ **A new Automatic Draft/Payment Applicant** for the 2019-2020 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 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 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: _____

E-mail: _____

CREDIT CARD PAYMENT INFORMATION:

Payment date: Credit card will be billed between the 1st & 5th of the 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, 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:** _____