



New York Academy of Dance
1308 Buffalo Rd.
Rochester, NY 14624
www.nyadance.com
585-621-3622

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Please complete the information below:

I _____ authorize **New York Academy of Dance** to automatically bill the
(Full Name)
card listed below each month for the amount of _____ beginning on _____.
(Monthly Tuition Cost) (Date)

If you would like us to automatically charge your card for additional fees, such as performance fee, costumes, etc., please indicate that below:

Performance Fee (Billed Dec. 1st) / Costume Dep. (Billed Dec. 1st) / Costume Balance (Billed April 1st)

(Circle any of the above)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount(s) indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.