

# AUTOMATIC PAYMENT AUTHORIZATION 2021-2022



## Authorization Agreement

I hereby authorize Cricket's Performing Arts to initiate automatic payments to my account from the credit card named below. I have entered the full card number, expiration date and billing address for this credit card

Further, I agree not to hold Cricket's Performing Arts responsible for any delay due to incorrect or incomplete information supplied by me or due to an error on the part of my credit card to post payment to my account.

If I intend to discontinue lessons at any point before the end of this agreement, I understand that I must inform the Cricket's Performing Arts, prior to the 1st of the month (in writing) that I intend to discontinue. IF I DO NOT NOTIFY CRICKET'S PERFORMING ARTS IN WRITING 15 DAYS PRIOR TO THE 1ST OF THE MONTH THAT I INTEND TO DISCONTINUE LESSONS, I WILL BE CHARGED FOR THAT MONTH. Initial \_\_\_\_\_

\*\*Note: If funds are not available for charging on the 1st of the month, the same policy applies as in the handbook for a returned check-\$35 NSF fee will be charged. \_\_\_\_\_initial

This agreement will remain in effect until the end of the \_\_\_\_\_ dance season or until Cricket's Performing Arts receives a written notice of cancellation from me or my credit card company, or until I submit a new automatic payment form. You may cancel this automatic billing authorization at any time by contacting Cricket's in writing A MINIMUM OF 2 WEEKS PRIOR TO THE NEXT CHARGE DATE.

## ACCOUNT INFORMATION ~PLEASE PRINT CLEARLY~

Student's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Account Type:  Visa  Master Card

Name on the Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Billing Street Address for Card: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Automatic Payments Requested For Registration fee:  \$30.00 \_\_\_\_\_ Tuition:  10 Payment Plan

Payment Processing Date Requested:

25th of the Month (Early Payment Discount- 5%) Total Amount \$: \_\_\_\_\_

1st of the Month \$: \_\_\_\_\_

Bi-Annual (August 15th, February 1st) \$ \_\_\_\_\_

Dance Workshops/Camps \$ \_\_\_\_\_

Other Fees:  Costume Deposit: \$ \_\_\_\_\_  Costume Balance \$: \_\_\_\_\_  Team Fees \$: \_\_\_\_\_

One-Time Payment of \$ \_\_\_\_\_

