

# AUTOMATIC PAYMENT AUTHORIZATION 2022-2023



## 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 2022-2023 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  Discover

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 \_\_\_\_\_ Date: \_\_\_\_\_

Payment Processing Date Requested:

\_\_\_\_ Full Season Paid in Full by August 15th Total: \_\_\_\_\_

\_\_\_\_ Bi-Annual Plan – 2 Equal Payments of \$\_\_\_\_\_ Due: August 15<sup>th</sup> & February 1<sup>st</sup>

\_\_\_\_ 10 Monthly Payments – 10 Payments of : \_\_\_\_\_ (Due on the 25<sup>th</sup> (Discounted Rate) Or the 1<sup>st</sup> w/o Discount)

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

\_\_\_\_ Costume Balance: \$\_\_\_\_\_

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

\_\_\_\_ Opening Number (If applicable): \$\_\_\_\_\_

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

