

DANCEWORKS Academy

Credit Card Authorization Form

I, _____ give permission for Dance Works Academy to have
(Card holder's printed name)

my Debit/Credit Card on file in my Dance Works Account. Dance Works Academy will only be able to view the last four digits of my card number. If my account is not paid by the 10th of the month, I give permission to Dance Works Academy to charge my card the full balance on the account including but not limited to tuition, late fees, costume deposits, costume fees and dancewear purchases.

Yes I would like Dance Works Academy to automatically charge my card on the 1st of the month for all charges on my account

No I would not like Dance Works Academy to automatically charge my card on the 1st of the month for all charges on my account. I will make payments on my own in a timely manner via cash, check or credit card before the 10th and am aware my card will be charged if payment is not made by the 10th.

Card holders Signature

Date