

# Automatic Payment Authorization Form

I authorize New Vision Dance Center to charge my debit or credit card referenced below. This authorization will remain in effect until the conclusion of the current session, unless NVDC is otherwise notified. I understand that the total balance due each month will be deducted from my account on the last Tuesday of the preceding month.

**ALL INFORMATION IS REQUIRED:**

Fill in the billing address as it appears on the credit card statement, and then review for accuracy.

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FIRST NAME LAST NAME

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STREET ADDRESS CITY STATE ZIP

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DAYTIME PHONE EVENING PHONE

PAYMENT INFORMATION: VISA MASTERCARD DEBIT

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CARD NUMBER EXPIRATION DATE VERIFICATION NUMBER



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SIGNATURE DATE