

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 first day of the month.

ALL INFORMATION IS REQUIRED: Billing address as it appears on the credit card statement.


LAST NAME, FIRST NAME		STUDENT NAME	
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STREET ADDRESS	CITY	STATE	ZIP
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DAYTIME PHONE	EVENING PHONE		
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PAYMENT INFORMATION:	VISA	MASTERCARD	DEBIT
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CARD NUMBER	EXPIRATION DATE	VERIFICATION NUMBER
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A small graphic of a credit card with a red verification number field.

SIGNATURE	DATE
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