

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 business day of the month.

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

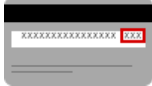
LAST NAME, FIRST NAME		STUDENT NAME		
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STREET ADDRESS		CITY	STATE	ZIP
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DAYTIME PHONE		EVENING PHONE		
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PAYMENT INFORMATION:	VISA	MASTERCARD	DEBIT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

SIGNATURE	DATE
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