

# 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.

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LAST NAME, FIRST NAME		STUDENT NAME		
STREET ADDRESS		CITY	STATE	ZIP
DAYTIME PHONE		EVENING PHONE		
PAYMENT INFORMATION:	VISA	MASTERCARD		DEBIT
CARD NUMBER	EXPIRATION DATE		VERIFICATION NUMBER	
SIGNATURE		DATE		

