



CREDIT/DEBIT CARD CHARGE AUTHORIZATION

I hereby authorize Central Wa. Dance Academy (CWDA) to initiate credit/debit card charges for tuition and fees currently due from the card indicated below. I acknowledge that the origination of credit/debit transactions from my account must comply with the provision of U.S. law.

Tuition is due by the 10th of the assigned month.

Type of card: ___ Visa/MC ___ Discover		
Billing Address:		
City:	State:	Zip Code:
ALL FIELDS BELOW MUST BE COMPLETED IN FULL		
Name(s) as they appear on card:		
Card Number:		
Expiration Date:	CSV Code:	

Tuition is due by the 10th of the assigned month (see your payment plan contract). Please charge the current balance due on the 10th of the assigned month of the first banking day after. This authority is to remain in full force and effect until CWDA has received written notification from me of its termination.

Signature of Cardholder: _____

Date: _____

Student(s) Name: _____

Amount: _____ Recurring Payment _____ one-time payment
Initial

NOTE: A fee of \$30 will be charged for returned transactions.