

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential and PCI compliant

Student Name _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover
_____ American Express

Credit Card Number: _____

Card Identification Number: _____ (last 3 or 4 digits located on the back of the credit card)

Expiration Date: _____

Amount to Charge: \$ _____ / month. Registration: \$ _____

I authorize Cuizon Ballet Centre to charge the agreed amount to the credit card provided herein. All tuition charges will occur on the 1st of each month for entire school year (September through mid June) Thirty days written notice or (email: cuizonballetcentre@gmail.com) is required to reduce or cancel auto-pay. Tuition is *NON-REFUNDABLE and NON-TRANSFERABLE.*

Cardholder – Please Sign and Date

Signature:

Date:

Print Name:
