

# Authorization Form 2017-18

Studio for the Performing Arts, Inc.  
ES18016

SPA Dance Program    SPA Ballet Company

<small>(office use only)</small>  ID# _____	Name of Student: _____	Date of first payment /    /
Costume Fee's _____ Performance Fee <u>\$ 35.00</u> Registration fee <u>\$25.00</u>  <input type="radio"/> Include in payment plan <input type="radio"/> Deduct on day they are due	Frequency of payment: Please check one <input type="radio"/> Weekly <input type="radio"/> BI – Weekly <input type="radio"/> Monthly <b>Notice</b> : There will be transaction fees added \$1.50 for Direct debits per each payment \$ 4% on Credit Cards per each payment	Amount of total bill \$ _____  Amount of payment \$ _____
Registration fee due now	Costume fee deducted on Nov 11th Performance Fee deducted on March 10 <sup>th</sup>	

(Person Responsible for Payment)

Last Name:	First Name:
Address:	City:    State:    Zip:
Please charge payment from my account: (check one)  Deduct from my <input type="radio"/> Checking (NEED A VOIDED CHECK) <input type="radio"/> Credit Card	
Name (as shown on account):	
I authorize the above company Studio of the Performing Arts, to charge my credit card or debit my checking account in accordance with the information above. I understand that this agreement will remain in effect until I provide thirty day written notification to terminate the authorization.	
Authorized Signature:	Date:
<b>Attach voided check</b> here if coming out of checking account  If you have it come out of your <b>Savings Account</b> we will need account information	
Credit Card Number:	
Expiration Date:	
Type Credit Card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American <input type="radio"/> Discover Card    * credit card fees	
Please charge my payments to my: please check one	

**OVER FOR SIGNATURE**

## SPA DANCE PROGRAM CONTRACT

**Financial Agreement:** I acknowledge that I have been given financial information in regards to payments for the above program I have selected for my child. I have read and understand the due dates that my payments will be deducted and a \$30 fee will be charged to my account for NSF charges.

If payment declines we will continue running your payments weekly until it clears, unless we hear from you to make other arrangements. Please notify us with any account changes or problems that occur. In order to stop an automatic payment, we need at least a week notice or it will automatically run.

You will submit a 30-day written letter to cancel my commitment or payments will continue until proper notice is given.

**\*Service Fees will occur:**

\* If there are any changes made in payment plan

Authorized Name \_\_\_\_\_  
(Please Print)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_