



## Automatic Payment Authorization Form

I authorize Turning Pointe Dance Center to charge my debit or credit card referenced below. This authorization will remain in effect until the conclusion of the current season, unless Turning Pointe Dance Center is otherwise notified. I understand that the total balance due each month will be deducted from my account on the 11<sup>th</sup> business day of the month if I do not pay with another form of payment in person, prior to the 11<sup>th</sup>, along with a \$10 late fee.

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

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Last Name, First Name Student's Name

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Street Address City State Zip

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Daytime Phone Evening Phone

**PAYMENT INFORMATION:**      VISA                      MASTERCARD                      DEBIT                      (\*no AMEX for Danceworks)

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Card Number                      Expiration Date                      Verification Number                      Billing Zip Code



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Signature Date