

CREDIT CARD AUTHORIZATION FORM

Art from the Heart prefers payment by credit card if at all possible. Thank you.

PLEASE MAIL IN THIS FORM OR,
DROP IT IN THE TUITION BOX IN THE STUDIO LOBBY.

Returning students: we do not keep your credit card information on file. You must complete this form in order to activate credit card payments.

I would like to utilize the credit card option as payment method for my account. Please use my credit card to pay for the following items: (Check each of the items you authorize for credit card payment.)

- Class uniform** (processed upon receipt of registration)
- Registration fee** (processed upon receipt of registration)
- Costume deposit** (\$40 per student/per class - processed in September)
- Costume balance** (processed in January)
- Recital fee** (\$10 per student - processed in April)

TUITION

Monthly tuition will automatically be processed on the 24th of the preceding month. A 30-day written notice is required to withdraw from a class. Tuition will continue to be processed until the 30-day notice has been received and fulfilled.

- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October |
| <input type="checkbox"/> November | <input type="checkbox"/> December | <input type="checkbox"/> January |
| <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | | |

Circle credit card type:



Card number: _____

Expiration date: _____

Name as appears on card: _____

(please print)

Complete mailing address: _____

City _____ State _____ Zip _____

Authorized Signature: _____

Email Address: _____