



Cumming Dance Academy, Inc.

CDA AUTOMATIC PAYMENT AUTHORIZATION FORM

I am: _____ A new Automatic Payment Applicant for the 2009-2010 Season.
_____ A Current Automatic Payment user reporting a change in my credit card.

I am signing up for:

_____ **Tuition ONLY to be charged to my card monthly.** I will pay all
Other fees due by cash/check or credit card inside the studio.

_____ **Tuition and ALL fees to be charged as they are due.** This includes, performance
fees, costume fees, etc. I will receive a statement showing the
activity as it occurs on my account.

**Please note that a change (not cancellation, see below) requires 30 days for processing.*

Student's Name: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Daytime Telephone: _____

Email: _____

CREDIT CARD PAYMENT INFORMATION:

Payment date: Credit card will be billed between the 1st & 5th of month for tuition.

Type of Account: _____ VISA _____ MASTERCARD

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Code on Back: _____

I authorize *Cumming Dance Academy, Inc.*, as applicable, to initiate credit card charges (and/or corrections to previous debits/charges) on the agreed upon schedule. This authorization will remain in effect until I provide written notice revoking the authorization by *Cumming Dance Academy, Inc.* (770) 781.4922 at least two (2) weeks (*CDA Cancellation Policy applies*) before my account is to be charged.

Authorized Signature: _____ Date: _____