**TURNING POINTE DANCE ACADEMY**

RECURRING BILLING APPROVAL

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENTS NAME(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARD TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARD #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECURITY # ON BACK OF CARD\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF RECURRING TO BEGIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ END DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT TO BE CHARGED MONTLY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby permit Turning Pointe Dance Academy to set up the above mentioned credit/debit card to withdraw the above mentioned amount monthly. I understand that it is my responsibility to make sure that funds are in the account to cover the recurring draft. I also understand that there is a $1.00 fee per month added to my draft to cover the expense of the recurring billing. If for any reason the draft does not go through, I will make sure that payment is made to Turning Pointe Dance Academy before the 8th of the month. I agree to pay a $25 late fee if I am not able to make said payment before the 8th of the month. I acknowledge that I can request that the recurring billing be canceled by giving the director one weeks notice.

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Payee Signature Date