Credit Card Authorization Form – Momentum Dance Monthly Tuition Fees

Please complete all fields. You may cancel this authorization at any time by contacting us in WRITING. This authorization will remain in effect beginning September 1, 2023 until cancelled.

| Credit Card Information | | | |
|---|---|---|--|
| Card Type: □ MasterCard | □VISA | □ Discover | □ AMEX |
| □ Other | | | |
| Cardholder Name (as shown on card): | | | |
| Card Number: | | | |
| Expiration Date (mm/yy): | | C | VV: |
| Cardholder ZIP Code (from credit card billing address): | | | |
| understand that my information vauthority is to remain in full force notification from me (or either of COMPANY and FINANCIAL INSTIDATE). Date(s) and/or frequency of debit(smonth, beginning September 2023 include specialty fees for costumes. Amount to withdrawal (please list). | e and effect us) of its ter ITUTION a re 1: Tuition wil 3 and ending 4, recital fees, | until Momentum Dance mination in such time a casonable opportunity to be withdrawn between a in May of 2024 This automits, etc. | has received written and manner as to afford o act on it. 1 the 1st and 4th of each |
| (Print Individual CUSTOMER/PAYE | ER Name) | | |
| (Signature) | | | |
| (Dancer's Full Name, Printed) | | | |
| (Date) | | | |