

BELLA DANZE ARTZ

I HEREBY AUTHORIZE BELLA DANZE ARTZ TO DEDUCT ALL FEES FOR THE 2018-2019 DANCE SESSION FROM THE ACCOUNT LISTED BELOW:

I UNDERSTAND FEES WILL BE DEDUCTED THROUGH **FIRST PAYMENT INTERNATIONAL** AND I WILL NOTIFY **BELLA DANZE ARTZ** IN WRITING OF ANY CHANGES TO ENROLLMENT AND TO THE CARD NUMBER LISTED ON THIS FORM.

Student Name _____

Cardholder Name (please print) _____

Cardholder Signature _____

Address _____ City _____

State _____ Zip _____

Phone _____

Please Check One:

VISA _____ MASTERCARD _____ DISCOVER _____

CARD NUMBER _____

EXPIRATION DATE _____ / _____

3 DIGIT SECURITY CODE ON BACK _____



MONTHLY AMOUNT TO BE CHARGED \$ _____