

# BELLA DANZE ARTZ

I HEREBY AUTHORIZE BELLA DANZE ARTZ TO DEDUCT ALL FEES FOR THE 2019-2020 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 \$ \_\_\_\_\_