MARIA'S SCHOOL OF DANCE
Auto Pay Authorization Form

Name of student(s):

Name of cardholder/account holder and billing address:

I authorize MSD to charge the monthly tuition amount of $_____ on the first of each month (September through May) by the method listed below. **I also authorize the costume fee(s) to be charged to this same account on December 1st.** I agree that I will pay for this in accordance with the issuing bank and/or cardholder agreement.

_____ _____

Signature of Account Holder Date

COMPLETE **EITHER** SECTION 1 **OR** SECTION 2 AND RETURN TO MSD'S FRONT DESK. THANKS!

SECTION 1

Circle Credit Card Type: VS MC DS AMEX

Card Number:_____

Expiration Date:_____

SECTION 2

Checking Account Information:

Routing Number:_____

Account Number:_____

Other items (tights, tickets) can also be paid for using the information above.

All information will be kept confidential.