

western**ballet**

THE MOUNTAIN VIEW BALLET COMPANY & SCHOOL

Credit Card Authorization Form

Student's Name: _____ Date: _____

New Student _____ Continuing Student _____ Adult Student _____

Class Level _____ (to be assigned by the staff)

Cardholder: _____ Cardholder's phone number: _____
(print name)

E-mail: _____ Cell phone number: _____

Cardholder's Address: _____

_____ as shown on credit card statement.

Mastercard Visa Card number: _____ Exp. date _____

I, _____ authorize Western Ballet to charge to my credit card:

Youth Students:

___ a one-time charge of \$ _____ for the initial registration fee; **and**
___ tuition plan _____ on the due date for each payment; **and**
___ any participation fees or charges associated with performances or productions.

Adult Students:

___ a one-time charge of \$ _____ for _____ adult classes; and/or
___ the amount of \$ _____ for _____ classes; renewed with each _____ class

I acknowledge that Western will be relying on this authorization to make automatic transactions as instructed by me in this written authorization. I agree to pay these authorized charges according to the terms of my credit card agreement as may be amended from time to time by the credit card issuer.

I understand that I may cancel this authorization at any time by delivering dated and signed cancellation instructions to Western that shall become effective immediately on receipt by Western Ballet.

Signature: _____ Date: _____