

Automatic Payment Consent Form

Required For All Accounts

Office Use Only

1st Charge:

2nd Charge:

Reg. fee pd:

Month Start:

Name on Account/Card:

Student's Name:

Billing Address:

City:

Zip:

Home Phone:

Alternate Phone:

Please Circle:

VISA

MasterCard

Checking Account (provide voided check)

Credit Card Number:

____ - ____ - ____ - ____

Expiration Date:

CVI# Located on back:

___ / ___ _____

Please read and sign the following agreement:

I hereby authorize West Coast Music & Dance FX to charge my account for the amount of any NSF (non sufficient funds) paper check or auto-debit transactions plus \$25 NSF fee. My account will automatically be charged on the 1st (first) day of each month for the amount of \$_____ from months September to June. I understand the drop policy is to provide 30 day written notice from the 1st of the month before cancellation of lessons and automatic debit of my account.

Signature

Please Print

Date

West Coast Music & Dance FX

618 San Benito St.

Hollister, CA. 95023

Tel: 831-635-0553 * Fax: 831-635-0521 * westcoastdancefx.com