

Automatic Payment Consent Form
Required For All Accounts

Name on Account: _____
Student's Name: _____

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 the studio to electronically debit my bank account for the amount of any NSF 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 May. I understand the drop policy is to provide 30 day written notice before cancellation of lessons and automatic debit of my account.

Signature

Please Print

Date

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