

# LEROUX SCHOOL OF DANCE

301 N. LEWIS ROAD, SUITE 35 \* ROYERSFORD, PA 19468  
610-792-8801

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## Autopay Authorization Form – Annual/Bi-Yearly

Parent Name: \_\_\_\_\_ Class Day & Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

I authorize the payment of the following charges (please initial all that apply)

\_\_\_\_\_ **Annual Tuition** on *August 1, 2010* in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ **Bi-Yearly Tuition** on *August 1, 2010* in the amount of \$ \_\_\_\_\_  
and on *January 3, 2011* in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ **Recital Fee** October 15, 2010 in the amount of \$75.00  
and on March 15, 2011 in the amount of \$50.00

\_\_\_\_\_ **Costume Deposit** on *November 15, 2010* in the amount of \$ \$50.00 per class;  
and balnce will be charged on *January 17, 2011* in the amount of \$ \_\_\_\_\_  
(amount will be provided in November with costume order form)

\_\_\_\_\_ **Miscellaneous Shoe or Uniform supplies** on date received

**\*For monthly tuition please see other form.**

**I (we) hereby authorize LeRoux School of Dance to initiate debit/credit entries to my (our) credit card account, as indicated below.**

\_\_\_\_\_ Visa Account      \_\_\_\_\_ MasterCard Account      \_\_\_\_\_ Discover Account  
(please select one)

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

This Agreement will remain in full effect until LeRoux School of Dance has received written termination notification from me (or either of us). I (we) understand that LeRoux School of Dance requires no less than 15 days notification.

I (we) understand that we must notify LeRoux School of Dance if my (our) card is cancelled or replaced. If LeRoux School of Dance is unable to initiate debit/credit entries a \$15.00 fee will be charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For use by LeRoux School of Dance

Date Entered into Danceworks: \_\_\_\_\_ Notification for Update Requested: \_\_\_\_\_

Follow up Required / Resolved \_\_\_\_\_ Date of Cancellation: \_\_\_\_\_