

LeRoux School of Dance

301 N. Lewis Road, Suite 35 * Royersford, PA 19468
610-792-8801

www.LeRouxDance.com lerouxdance@comcast.net

Autopay Authorization Form - Monthly

Parent Name: _____

Student Name: _____ Class Day & Time: _____

This pre-authorized payment will occur on the first of the month in the amount of \$_____.

These payments will begin in the month of August, 2011 with final payment in the month of May 2012, unless submitted after July 20, 2011. In that case please indicate month to begin Autopay

Agreement here: _____.

In addition, I (we) choose to authorize the following payments (please initial all that apply):

_____ **Recital Fee** October 15, 2011 in the amount of \$75.00
and on March 15, 2012 in the amount of \$50.00

_____ **Costume Deposit** on *November 15, 2011* in the amount of \$35.00 per class;
and balance will be charged on *January 15, 2012* in the amount of \$ _____
(amount will be provided in November with costume order form)

_____ **Miscellaneous Shoe or Uniform supplies** on date received

NOTE: When a due date falls on a Sunday or bank holiday, the charge will be processed on the next business day.

****For Annual or Bi-Yearly tuition authorization, 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: _____

For use by LeRoux School of Dance

Date Entered into Danceworks: _____ Notification for Update Requested: _____

Follow up Required / Resolved _____ Date of Cancellation: _____