



Payment Authorization Form

Students Name: _____

Monthly Fees: _____

VISA

MASTERCARD

AMEX

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

I _____ authorize The Alberta Dance Academy LTD. to charge my credit card account for tuition. I understand that one month's written notice is required in the event of cancellation. September and June fees, Registration fees and the costume deposit are non-refundable.

Customer Signature: _____ Date: _____

VOID CHEQUE

Please attach cheque here

I _____ authorize The Alberta Dance Academy Ltd. to electronically transfer funds directly from the account provided for tuition. I understand that one month's written notice is required in the event of cancellation. September and June fees, Registration fees and the costume deposit are non-refundable.

Customer Signature: _____ Date: _____