



# Credit Card Authorization Form

Students Name: \_\_\_\_\_

Monthly Fees: \_\_\_\_\_

VISA

MASTERCARD

AMEX

(please circle)

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: \_\_\_\_\_