

# Sooke Dance Studio

## Credit Card Payment Authorization

I authorize Sooke Dance Studio to charge my credit card for dance fees for 2020/21 dance year.

Dancers Name:

Name on Card:

Card number:

CVV #:

Expiry Date:

Postal Code (card billing address):

Signature:

Payment Terms:

Term 1:  1 payment in full (Sept. 1) \$\_\_\_\_\_  3 payments (Sept. 1, Oct. 1, Nov. 1) \$\_\_\_\_\_

Term 2:  1 payment in full (Dec. 1) \$\_\_\_\_\_  3 payments (Dec. 1, Jan. 1, Feb. 1) \$\_\_\_\_\_

Term 3:  1 payment in full (March 1) \$\_\_\_\_\_  3 payments (March 1, April 1, May 1) \$\_\_\_\_\_

Written, dated communication (email acceptable) is required by both parties to amend this agreement.