ASPIRATIONS DANCE COMPANY

CREDIT CARD AUTHORIZATION FORM

350 S. Main St, Lombard, IL
Call or Text 224-231-9157

Please complete this authorization form and return to us.
All information will remain confidential

Cardhold Information

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Credit Card Information

Card Type: ☐ **Visa** ☐ **Mastercard** ☐ **Discover** ☐ **American Express**

Card Number _____

Expiration Date (MM/YY): _____ **CVV (3 or 4 digits):** _____

Amount to Charge Each Month: $_____

Payment Authorization

I _____ authorize Aspirations Dance Company to automatically charge the card listed above for monthly tuition on or around the 1st of each month. I understand that the amount charged may change if enrollment, class selections, discounts, or studio tuition rates change. Payments received after the 5th of the month are considered late and will be subject to a $25 late fee.

All tuition payments are final. No refunds or account credits will be issued for missed classes, absences, holidays, schedule changes, withdrawal after tuition has been charged, or dismissal from the program.

This authorization will remain in effect until a completed Cancellation Form is submitted to Aspirations Dance Company at least 10 days before the 1st of the month. Verbal notice, text messages, emails, or notice provided to an instructor will not be accepted as official cancellation. I remain responsible for all tuition and fees charged before cancellation becomes effective, as well as any outstanding balance on my account.

Cardholder Print Name, Sign and Date Below:

Print Name: _____

Signature: _____ **Date (MM/DD/YY):** _____

Dancer Name(s): _____