

# FOCUS Dance Center

## Credit Card Authorization Form

FDC offers the convenience of billing directly to your credit account.  
Simply fill out this form and hand it in to the FOCUS office.

Student's Name: \_\_\_\_\_

Credit Account Holder's Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Select all that apply:

- YES - Charge my card monthly for tuition
- YES - Charge my card for competition fees
- YES - Charge my card for Costumes The FIT

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex (The FIT Only)

Credit Card/ Account # : \_\_\_\_\_

(Please write clearly)

Expiration : \_\_\_\_\_ / \_\_\_\_\_ cvv \_\_\_\_\_

(Please Check and initial box below for us to accept this form)

INITIAL

I authorize FDC to bill my credit account on/after the first of every month for the full amount of said student's monthly tuition or to bill my credit account for concert costs, competition costs and/or any other mutually agreed upon amount,

Billing cycle: \_\_\_\_\_, 2019 through \_\_\_\_\_, 2020  
Month Month

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Client is responsible for updating the credit card either through the parent portal or by stopping at the front desk. All cards must be updated before the 1st of each month to not incur late fees

Please check box(es) below indicating what you want to use this credit account for:

<input type="checkbox"/>	Monthly Tuition
<input type="checkbox"/>	Costumes/FDC The FIT
<input type="checkbox"/>	Competition Fees
<input type="checkbox"/>	Other _____

Rcvd By:	_____
Date Rcvd:	_____
Entered in DW:	_____
Date Entered:	_____

ONE TIME USE ONLY