

FOCUS Dance Center

Credit Authorization Form – Monthly Tuition Billing

FDC now offers the convenience of monthly tuition billing directly to your VISA or MASTERCARD credit account. Simply fill out this form and hand it in to the FOCUS Administration.

Student's Name: _____

Credit Account Holder's Name: _____

Credit Billing Address: _____

Home Address (If Different): _____

Phone: () - _____

E-Mail Address: _____

Card Type: ___ VISA ___ Mastercard

Account #: _____

Expiration: ___ / ___

(Both boxes below MUST contain your INITIALS for us to accept this form)

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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 plus an additional 2% Administrative Fee. Billing cycle: _____, 20__ through _____, 20__.

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INITIAL

I authorize FDC to "archive" (store in a secure location or computer system) my credit account information *for the sole purpose* of maintaining monthly tuition billing.

SIGN: _____

DATE: _____

FOCUS DANCE CENTER – OFFICE USE ONLY	
FDC ACCOUNT #: _____	TUITION: _____