



Credit Card Authorization Form 2021 -- 2022

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until June 30, 2022.

Cardholder Name (as shown on card) _____

Card Number: _____ / _____ / _____ CVC _____

Expiration Date: _____ / _____ Card Zip Code: _____

_____ The Studio, School of Classical Ballet may automatically charge my credit card listed above for tuition charges at the first of payment month.

_____ I will take responsibility for payment of my account at the first of each payment month.

I understand that my information will be saved to use for future tuition transactions on my account.

Customer Signature _____ Date _____