

Automatic Payment From Your Credit Card

TERMS OF AGREEMENT

I am authorizing THE DANCE HAVEN, INC. to charge my credit card account in the amount of the pledge I have indicated (circle the name of program) – **MONTHLY, BI-YEARLY, YEARLY**. I am in agreement with the tuition policies stated by THE DANCE HAVEN, INC. _____(initial here)

This agreement will remain in effect until I have given THE DANCE HAVEN, INC. at least thirty (30) days written notice of its termination. A record of each payment will appear on my credit card statement and will serve as my receipt.

PLEASE CHECK ONE: VISA MasterCard Discover

Automatic payment amount: \$ _____

Credit card #: _____

Security code # _____

Expiration date: _____

Signature: _____

Date: _____

Please complete the following information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

To change payments to a different credit card you must resend this form 30 days prior to your scheduled payment.

The Dance Haven, Inc.
379 Salem Street, Medford, MA 02155
781-391-0677
www.thedancehaven.com