



Student Name(s) _____ Monthly Tuition _____

This letter is to serve as my written authorization and permission to allow the Academy of Dance Arts to charge/debit/draw the below listed card for my child's/children's monthly tuition amount. This charge will take place on the 1st day of the month. This authorization will continue through the 2010/2011 season. I understand to revoke this authorization; I must do so in writing.

VISA Master Card Discover

Account Number _____ Expiration Date _____

Billing Address _____ V Code _____

Name as written on card _____

Signature _____

I also agree to them to charge/debit/draw my card for costume and recital fees on the date that they are due. _____

I also agree to allow them to charge/debit/draw my card for any and all competition fees on the date that they are due. _____

Charge	Amount	Date	Balance
Reg Fee			
Aug Tuition			
Sept Tuition			
Oct Tuition			
Nov Tuition			
Dec Tuition			
Jan Tuition			
Feb Tuition			
March Tuition			
April Tuition			
May Tuition			
June Tuition			
Recital Fee			
Costume Fee			
Nutcracker Audition			