



**HIGH DESERT DANCE COMPANY
DANCE INSTRUCTION & DANCEWEAR
AUTOMATIC PAYMENT CONSENT FORM**

Family Account Last Name: _____ Phone Number: _____

1st Student's First Name(s): _____ 2nd Student's First Name(s): _____

3rd Student's First Name(s): _____ 4th Student's First Name(s): _____

TUITION DEBIT DATES:

Debit date: September 1, 2017	Billing 1: September 2017	Tuition amount: \$ _____
Debit date: October 1, 2017	Billing 2: October 2017	Tuition amount: \$ _____
Debit date: November 1, 2017	Billing 3: November 2017	Tuition amount: \$ _____
Debit date: December 1, 2017	Billing 4: December 2017	Tuition amount: \$ _____
Debit date: January 1, 2018	Billing 5: January 2018	Tuition amount: \$ _____
Debit date: February 1, 2018	Billing 6: February 2018	Tuition amount: \$ _____
Debit date: March 1, 2018	Billing 7: March 2018	Tuition amount: \$ _____
Debit date: April 1, 2018	Billing 8: April 2018	Tuition amount: \$ _____
Debit date: May 1, 2018	Billing 9: May 2018	Tuition amount: \$ _____

(Registration Fees [\$25/person or \$100 per family of 4 or more] are due in person at time of registration)

I agree to these charges and will give the office one month's written notice to discontinue these charges. Tuition will not be pro-rated or refunded if student withdraws or no-show's classes. A \$20 fee will be added for all declined transactions by the 5th of the Month. I hereby authorize High Desert Dance Company to charge my account. A receipt will be emailed or texted to the email address/number supplied on the date of the debit. High Desert Dance Company must be contacted at least 5 business days prior to the debit date below to change the amount of the debit. 30 days' notice is required to cancel this monthly automatic debit. No exceptions. No refunds on prepaid tuition. If your tuition amount is changed by adding or dropping a class, we will update your tuition amount and notify you via phone call or email to the address listed on this form. Unless a new form is filled out, this card will remain on file for tuition until student withdraws from classes.

Date _____ **Signature** _____

Credit Card Payment Information (please select type of card)

_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

EXACT NAME ON CARD: _____ PHONE NUMBER: _____

ADDRESS WHERE CC STATEMENT IS RECEIVED: _____

CITY: _____ STATE: _____ ZIP: _____

CARD NUMBER: _____ Expiration: _____ CIV#: _____

EMAIL ADDRESS FOR RECEIPT: _____

High Desert Dance Company
775-934-9870 – Miss Becca Cell
2719 Argent Ave, Suite 1, Elko, NV 89801
www.highdesertdanceco.com