

**Credit Card Authorization Form**  
**Maria's School of Dance**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**OR to have auto-draft from your checking account:**

Checking Acct Info:

Account Holder name: \_\_\_\_\_

Acct number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD) Monthly tuition

I authorize \_\_\_\_\_ to charge the tuition amount listed on  
the first of each month

Beginning \_\_\_\_\_ thru \_\_\_\_\_

I agree that I will pay for this in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_