



The Nancy Stanford School of Dance
709.466.5525

info@nancystanforddance.com

Pre Authorized Payment Form

Client Information

Student's Name _____

Name of Authorized Cardholder _____

Billing Address _____

Credit Card Information

VISA Master Card AMEX

Card Number _____

Expiry Date _____

Payment Information

Tuition

Payment Amount \$ _____

This amount will be charged the 1st of each month, ending May 1, 2011.

Costume Fees

I would like my costume deposit(s) and final costume fee(s) to be charged to this card as well.

Yes No

Approval

I authorize *The Nancy Stanford School of Dance* to charge my credit card for the amounts outlined above. This authorization will remain in effect until I provide notice revoking the authorization at least 10 days before my account is to be charged.

Signature _____

