



Request for Automatic Charge on Credit Card for Monthly Class Dues

TERMS OF THIS AGREEMENT:

- 1) You are responsible for keeping Isis Star Dancer Studio informed of phone, email or credit card changes while this agreement is in effect.
- 2) If at any time we are not able to process your auto payment by the 10th day of the month due to NOT having the correct information (*example - Card Expired*) there will be a \$10 late fee added to your account.
- 3) You may cancel this agreement at any time by filling out the “**Request to Discontinue Automatic Charge**” form and turning it in at the front counter of Belly Dance Treasures.
- 4) You understand that failure to turn in a “**Request to Discontinue Automatic Charge**” form, which results in charges for classes you did not attend, is your responsibility and there will be no refunds for those payments.

PLEASE READ THE FOLLOWING CAREFULLY, NO REFUNDS WILL BE GIVEN!

I authorize Isis Star Dancer Studio to charge my credit card monthly for my class payments. I further acknowledge that to discontinue auto payment, **I MUST** fill out the “**Request to Discontinue Automatic Charge**” form and turn it into the front counter of Belly Dance Treasures. No other written or verbal form of notification will be accepted.

Signature _____ Date _____
 (Please sign, date and tear off the top copy for YOUR records)



Request for Automatic Charge on Credit Card for Monthly Class Dues

Date _____	Name _____
Class Day _____	Time _____ Phone Number _____
E-Mail _____	
Total Amount to be charged: \$ _____ on the first week of each month.	
Credit Card Number _____	
Expiration Date ____/____	Three Digit Security Code ____

PLEASE READ THE FOLLOWING CAREFULLY, NO REFUNDS WILL BE GIVEN!

I authorize Isis Star Dancer Studio to charge my credit card monthly for my class payments. I further acknowledge that to discontinue auto payment, **I MUST** fill out the “**Request to Discontinue Automatic Charge**” form and turn it into the front counter of Belly Dance Treasures. No other written or verbal form of notification will be accepted.

Signature _____ Start Date _____
 (Please fill out completely and turn in at the front counter of BDT)

Office Personnel Signature _____ Date _____