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## Monthly Credit Card Recurring Payment Authorization Form

### How recurring payments work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided

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### Please complete the information below:

I \_\_\_\_\_ authorize *Sheffield School of the Dance* to charge my credit card, indicated below, for \$ \_\_\_\_\_ on the 5th day of each month for tuition payment beginning **October 2021** and continuing until **June 2022**.

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Account Type:

Visa     MasterCard     AMEX     Discover

Cardholder Name (please print) \_\_\_\_\_

Card Number \_\_\_\_\_

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

CVV Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel in writing, and I agree to notify the business in writing with any changes to my account information. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form. If your card on file is declined for any circumstance, there will be a \$25.00 service fee added to the outstanding monthly transaction. Card holder must immediately notify Sheffield School of the Dance with an updated form of payment. Delinquent payment over an extended period will result in cancellation of class attendance.