

PAYMENT BY CREDIT/DEBIT CARD AUTHORIZATION FORM

I, _____, hereby authorize

The Royal Dance Academy and/or e-online data to bill my credit/debit card in the

amount of:

\$ _____

Merchant DBA:

Name on Card:

(Please print clearly)

Name of Student:

(Please print clearly)

Card Type: Visa MasterCard Discover

Card Number: _____ Expiration Date:

Card Code (3-4 digits on back of Visa-MC) : _____

Credit Card Billing Address:

Street:

City: _____ State: _____ Zip:

Telephone: _____

By signing below I acknowledge the complete and satisfactory delivery of all services related hereto. Cancellation of automatic payment and/or change of address will be subject to a 14- day notification period.

Cardholder Signature: _____

Date _____