



ELECTRONIC FUNDS TRANSFER AUTHORIZATION – CREDIT CARD

Today's Date: _____

I authorize **Ballet On Wheels Dance School** to initiate variable data entries to my account identified below in payment for monthly payments for class tuition: (\$_____) for _____ **(Student's Name)**. I understand that the studio will debit my account on **the First (1st) of each month** or the next business day if that date falls on a Saturday, Sunday, or national holiday. (If the amount changes, I will be notified via email in advance of the withdrawal.) I authorize my financial institution (identified below) to allow DepositExpress to debit my account each month on behalf of **Ballet On Wheels**.

I understand that I am in full control of my payment, that I have a right to hold or stop this electronic payment simply by giving the studio timely written notice. In addition, I will **immediately** notify the studio in writing of any changes in the information provided on this authorization form. (MINIMUM OF 30 DAYS) I indemnify and hold Ballet On Wheels Dance School, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

NOTICE: All items returned unpaid are subject to an automatic debit (re-presentment) from my account including a maximum returned check fee as permitted by law.

Credit / Debit Card
Account Information
Card Holder Name _____
Address _____
City _____ State _____ Zip _____
Type of Account: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
Card Number _____
Expiration Date _____ CVC _____ <i>(last three digits on back of card)</i>

Section 2	Payment Authorization
Signature _____	Print Name _____
E-mail Address _____	Zip _____

Section 3	<i>For STUDIO Use Only</i>	
Student Name(s)	Enrollment Classes	Fees
1.	<input type="checkbox"/> Creative Movement I	DE _____ Date _____
2.	<input type="checkbox"/> Ballet Appreciation	
3.	<input type="checkbox"/> Ballet Technique I	
	<input type="checkbox"/> Ballet Technique II	
	<input type="checkbox"/> Jazz / <input type="checkbox"/> Pre Jazz	
	<input type="checkbox"/> Contemporary/Improv	
	<input type="checkbox"/> Pointe / Pre Pointe	
	<input type="checkbox"/> Satellite School	
	<input type="checkbox"/> Performance Technique	
	<input type="checkbox"/> Other _____	

Enrollment application & tuition (one for each attending child) can be submitted to:

Mailing Address: Ballet On Wheels P.O. Box 40874 Memphis, Tennessee 38174	Studio Location: Ballet On Wheels 1015 S. Cooper St Memphis, Tennessee 38104	www.balletonwheels.org Online 901.870.4348 Phone 901.278.0171 Fax <i>rev:0714</i>
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