

Monthly Payment Plans

Dance Reflections offers the convenience of paying your monthly bills by check, money order, cash or credit/debit card. We accept MasterCard, Visa and Discover Cards. You may choose to pay by the month, semester or dance year (discounts apply for semester and yearly payments)

CREDIT/DEBIT CARD AUTHORIZATION

Dance Reflections requires a Credit or Debit Card Account Number for each Active account whether or not it is used to charge fees each month. This procedure will allow you to avoid late fees and will help us to streamline office procedures and take the hassle out of paying or forgetting to pay monthly tuition in person. If you do not authorize us to charge your account monthly, that is acceptable, but we will still need to maintain a card number for each account in the event of outstanding balances (especially during busy times such as Holiday Breaks and just prior to Recital).

- All information is maintained only by Dance Reflections on a confidential basis and IS password protected.
- You are required to notify us of any changes affecting current credit/debit cards on file.

___ I DO authorize Dance Reflections to automatically charge the card number on file for TUITION FEES ONLY incurred during any given month of this dance year . All other fees will be paid via another method unless it is requested to charge the card on file.

___ I DO ALSO authorize Dance Reflections to automatically charge RECITAL FEES AND COSTUME FEES in addition to Tuition . All other fees will be paid via another method unless it requested to charge the card on file.

___ I DO NOT wish to have my card charged automatically for any monthly charges. I DO authorize, however, my card to be charged if requested via email or phone if I am unable to make a payment in person or in the event of an outstanding/past due charge on my account. Three attempts will be made by phone or e-mail to collect the outstanding/past due charges before the card will be charged.

CLIENT NAME: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF CARD:

___ Mastercard ___ Visa ___ Discover

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____

Authorized Signature(s): _____ Date Signed: ___/___/___