



8020 Mesa Dr.
Austin, TX 78731
512-345-1284

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each month. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. There will be a 3.5% processing fee for all credit card transactions and a \$1 processing fee for all EFT (electronic funds transfer) from bank accounts. If a credit card is declined, there will be a \$10 fee. If there are insufficient funds in your bank account, there will be a \$10 fee.

Please complete the information below:

I \_\_\_\_\_ authorize Shirley McPhail School of Dance to charge my checking/savings account or credit card indicated below on the 1st of each month for payment of my/my child's dance class tuition. I also authorize Shirley McPhail School of Dance to charge my checking/savings account or credit card indicated below on the due date for all Registration Fees, Demonstration Fees, Recital Fees, Costume Fees, and Penalty Fees.

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

Checking/ Savings Account

Form for Checking/Savings Account with checkboxes for Checking and Savings, and fields for Name on Acct, Bank Name, Account Number, Bank Routing #, and a routing number diagram.

Credit Card

Form for Credit Card with checkboxes for Visa, MasterCard, and Discover, and fields for Cardholder Name, Account Number, Exp. Date, and CVV.

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

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Shirley McPhail School of Dance in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For EFT debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.