

ARTISTIC DANCE CONCEPTS

MONTHLY PAYMENT INFORMATION

STUDENTS NAME _____ MONTHLY PAYMENT _____

CARD # _____ EXP DATE _____ SECURITY CODE _____

NAME ON CARD _____ ZIP CODE _____

SIGNATURE _____ DATE _____

I, _____, authorize ARTISTIC DANCE CONCEPTS to automatically charge my card listed for my montly tuition as well as for any fees initialed boxes that follow. Tuition will be debited on the 1st of each month (August-May) and fees will be debited on the 15th of each month listed beside the fee.

MONTHLY PAYMENT PLAN _____

FOR OFFICE USE ONLY

_____	JUNE	_____	JULY	_____	AUGUST	_____	SEPTEMBER
_____	OCTOBER	_____	NOVEMBER	_____	DECEMBER	_____	JANUARY
_____	FEBRUARY	_____	MARCH	_____	APRIL	_____	MAY
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	