

# RHYTHM WORKS PAYMENT AUTHORIZATION FORM

*\*FULL PAYMENT will be on the 1st of each month - any payment received after the 10th will be subject to a \$15 late fee*

STUDENT NAME: \_\_\_\_\_ CLASS ENROLLED \_\_\_\_\_

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## PAYOR INFORMATION:

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT INFORMATION:

\_\_\_\_\_ Charge my Credit/Debit Card

Name on Account \_\_\_\_\_ Card type (*Circle one*): VISA M/C Disc AMEX

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Monthly TUITION amount \$ \_\_\_\_\_ Multiple Dancer Discount \$ \_\_\_\_\_ TOTAL AUTOPAY \$ \_\_\_\_\_

## COMP TEAMS ONLY:

Average Competition/Costume/Showcase/Banquet Fees per month \$ \_\_\_\_\_

My TOTAL Monthly Autopay \$ \_\_\_\_\_

## Signature and Authorization:

I authorize Itransact on behalf of Rhythm Works Dance to debit my account as identified above according to the terms stated here. This authorization shall remain effect until Rhythm Works Dance receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Rhythm Works Dance reasonable opportunity to act (minimum of 30 days). Any changes such as payment amount, frequency, and bank account or credit card numbers will require a new Electronic Payment Authorization Form to be filled out and submitted to Rhythm Works Dance **15 days prior** to any change being implemented. I understand that this payment plan may be cancelled by Rhythm Works Dance or Itransact due to Non-Sufficient Funds (NSF). **I understand that it is my responsibility to contact the office to update my card expiration date.** I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Rhythm Works Dance, the bank and Itransact harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_