

RWD Electronic Payment Authorization Form

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 _____

PAYMENT PLAN: Total Monthly TUITION Amount \$ _____

FULL PAYMENT OPTION: (Please Circle) 1st of each month/15th of each month

SPLIT PAYMENT OPTION: 1st of each month \$ _____ AND 15th of each month \$ _____

_____ I authorize Rhythm Works Dance to charge my card for any Extra Fees during the month they are DUE with an emailed receipt sent to me.

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 _____