

****For Office Use Only****
Debit/Credit Amount _____

Effective Month _____

AUTOMATIC TUITION PAYMENTS

Student's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

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For Debit/Credit Cards:

_____ Type of Card: Visa Mastercard
 Amex Discover
Name (as it appears on card)

_____ Account # _____ Expiration Date _____ Security Code _____

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For Checking/Savings Accounts:

_____ Type of Account: Checking
 Savings
Account Holder's Name

Name of Bank _____

Bank Routing (ABA) # _____ Account # _____
(9 digits on bottom of check)

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Fee Schedule
First of the Month – Tuition
November 15 – Costume Deposits
February 15 – Costume Balances

I hereby give permission to Kathleen Academy of Dance to debit/charge the above referenced account for automatic payments as indicated on the Fee Schedule.

Printed Name Signature Date