

Authorization for Direct Payment

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made. Your payments will be made automatically each month throughout the entire dance season. Proof of payment will appear on your account. The authority you give to automatically charge your payment information on file will remain in effect until you notify us in writing to terminate the authorization. If for whatever reason, payments cannot be processed on your selected day, we will add a \$35 over-draft fee in addition to your \$15 late fee for not paying on time.

All you need to do is:

1. Fill out the information under the plan you'd prefer
2. Sign, date and return the completed form to the office
3. Notify the office anytime your payment information changes

Automatic/Recurring Payment Plan

I authorize School of Goldsboro Ballet to initiate electronic payments for the balances due on my School of Goldsboro Ballet account on the 1st of every month, I understand that payments will be automatically made throughout the year for any balance on my account, including costumes fees and recital fee. I understand that the amounts may vary as classes are added/dropped and as other charges are applied to my account.

Payment Information

Credit/Debit Card Type _____

Credit/Debit Card number _____

Exp. Date _____ CCV Code _____ Zip Code _____

Account Holders Name _____

Signature of Parent _____ Date _____

NO Automatic/Recurring Payment Plan

I acknowledge that I am responsible to make timely payments of my balances on my School of Goldsboro Ballet account. I further acknowledge that if my payment is not received by the 10th of the month, I authorize School of Goldsboro Ballet to initiate electronic payments for any balances due on my account plus a \$15 late fee. Payments will be processed with the payment information on file with School of Goldsboro Ballet.

Payment Information

Credit/Debit Card Type _____

Credit/Debit Card number _____

Exp. Date _____ CCV Code _____ Zip Code _____

Account Holders Name _____

Signature of Parent _____ Date _____

Direct Debit thru Checking Account

Fill out Direct Payment information on back of this form

