



Automatic Payment Agreement

Please pay and charge all drafts by Dawson Dance Academy, INC to its own order on each month in the amount of \$_____, beginning October 1, 2017.

This authorization will remain in effect until April 2, 2018 or until cancelled by me in writing per DDA Drop form. I agree that your treatment of each draft, and your rights in respect to it, shall be the same as if it were personally signed by myself.

I UNDERSTAND ALL NON-WORKING ACCOUNTS SUCH AS DECLINED PAYMENTS, FOR ANY REASON, AUTOMATICALLY DEFAULT TO AN ADDITIONAL BILLING FEE OF \$20 PER MONTH. (Initial)

DDA has my permission to charge my credit card for products and services throughout the school year with my verbal or written permission. (Initial)

DATE _____ STUDENT NAME _____

Please Circle - Visa MasterCard Discover American Express

Account/Card Number _____

Expiration Date _____

3 Digit Security Code _____

Billing zip code _____

Cardholder's Name(*as it reads on the card*) _____

Cardholder's Signature _____