

Confidential Financial Data
(monthly tuition withdrawal request)

Student's Name _____

I/We wish to enroll at Karrie Stang's "Gotta Dance" Studio.

I/We elect to pay tuition by

Credit Card _____ (type of card) _____

Name on Card _____

Card Number _____ (this information is confidential)

Exp Date _____ Security code (3 digits on back or 4 on front for AMEX) _____

Address where the credit card statements go to: **(be sure to include zip code)**

I/We authorize Karrie Stang's "Gotta Dance" to charge our CC or withdraw funds from our checking account for monthly payments of _____ on or shortly after the **1st** of every month starting on the **1st** day of _____ 2017. By signing this form I/We agree to consecutive monthly payments from above said account. If you need to withdraw from the program permanently, you must give written notice of cancellation 30 days prior to your next withdrawal. This authority is to remain in full force and effect until June 2018 **OR** Karrie Stang's "Gotta Dance" Center has received written notification from me of its termination 30 days prior to next withdrawal.

EMAIL ADDRESS: _____

Dated this ____ day of _____ 2017

Signed _____ Relationship to Student _____

Karrie Stang's "Gotta Dance"

101 Brick Kiln Rd. Chelmsford, MA 01824

978.671.0400 ~ www.ksgottadance.com