

Student Name: _____

Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize iDance APAC Dance & Fitness Studio to charge my
debit / credit card _____

(Name on card)

indicated below for _____ on the 1st of each month for payment of my monthly fee

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Debit/ Credit Card

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

3 Digit Code – V Code: _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify iDance APAC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF), I understand that iDance APAC may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$30** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.