## Virginia Regional Ballet Academy

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## **Automatic Payment Authorization Agreement Customer Information** Dancer Name(s) Billing Contact Name (First MI Last) Address Home Phone Cell Phone Work Phone E-mail (required for automatic tuition payments) Please allow 7 business days for processing of this Automatic Payment Authorization. You will be notified by email when your automatic payment has been set-up with VRB. Until this form has been processed, I understand that tuition is still due on the 1st week of each month. This authorization will remain in effect until I provide fifteen (15) days written notice should I decide to change or revoke this agreement. If automatic payments are revoked or payment processing fails for any reason, I understand that I am still responsible for payment. I will make any changes to credit card information or payment preferences at least 10 business days in advance of the billing date to allow time for processing. Your credit card will be charged on the 3<sup>rd</sup> (or the first VRB business day after the 3<sup>rd</sup>) for the balance due on your account. Automatic payments will begin after this Automatic Payment Authorization Agreement has been processed by the Virginia Regional Ballet Academy. \*By signing this form you are authorizing VRB to charge any amounts past due, along with the monthly payment due and any additional fees applied to your account owed to VRB. Monthly payments will include but are not limited to: Tuition, June Show Production Fee (\$40 in Dec), June Show Costume Deposits (\$25 per costume in Jan.), June Show Costume Balances (in Mar/Apr), Annual Registration Fee. Please note that monthly tuition amounts will change if enrollment changes. Payment receipts will be emailed to the address indicated above. Chamber Dance Attire is separate from Virginia Regional Ballet Academy and is NOT included in any VRB automatic payments. Card Information Card Type: USA ☐ MasterCard Last 4 digits on card: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name on Card: Method for putting card on file: (Credit Card information is securely vaulted online) ☐ I have put my card on file in my VRBA online account ☐ I want VRBA to enter my card information into my VRBA online account (present card to VRB office staff) I have read and agree to the above Automatic Payment Authorization Agreement. Signature Date Print Name VRB Use Only Processed: Account Name: D/I D/I

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