

AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name: _____ Student's First Name (s): _____

Parent's Name: _____ Phone Number: _____

I hereby authorize Madill Performing Arts Center to withdraw funds from the Credit Card or Account selected below for registration, tuition, costume payments, competition fees, recital fees, and any other regular fees.

If I change my Credit Card or Account information in person at the studio, or through the online Customer Center, I authorize Madill Performing Arts Center to withdraw funds from the updated Credit Card or Account.

I will give written notice to an office staff member at Madill Performing Arts Center to discontinue these charges.

Signature

Date

E Check/Bank Draft: <input type="checkbox"/> 1 st (monthly) <input type="checkbox"/> 15 th (monthly) <input type="checkbox"/> Full Year* <input type="checkbox"/> Bi-Annual**	
Bank Name:	
Your Account Name (name on your bank statement):	
Bank Routing Number (9-digit number):	
Bank Account Number:	
Your Account Type (circle one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Credit Card: <input type="checkbox"/> 1 st (monthly) <input type="checkbox"/> 15 th (monthly) <input type="checkbox"/> Full Year* <input type="checkbox"/> Bi-Annual**	
Name on Card:	
Card Number:	
Expiration Date: <small>Prefer: expire no sooner than May of next year</small>	Month _____ Year _____
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover

*Annual tuition fees will be withdrawn September 1st.

**Bi-Annual (twice a year) tuition fees will be withdrawn September 1st and January 1st.

Costume fees withdrawn November 1st. All Competition fees withdrawn March 1st. Recital fees withdrawn May 1st.

Madill Performing Arts Center
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218-628-2269
www.madilldance.com