

# 2019- 2020 Draft Authorization / Credit Card Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I elect to pay by **Bank Draft** in equal monthly installments of: \$ \_\_\_\_\_  
**A \$10 charge will be assessed on all returned drafts**

I elect to pay by **Credit Card** in equal monthly installments of: \$ \_\_\_\_\_

I elect to pay by **check or cash** in equal monthly installments of: \$ \_\_\_\_\_  
**Due on the 1<sup>st</sup> of each month, late on 10<sup>th</sup> of each month and a \$15 late fee will charged on the 15<sup>th</sup>**  
**A \$10 charge will be assessed on all returned checks**

I elect to pay the first of each quarter (*receive a 5% discount*) \$ \_\_\_\_\_

I elect to pay the entire year in full (*receive a 10% discount*) \$ \_\_\_\_\_

I elect to authorize the payment of costume balance, recital fee or any other published fee by due date.

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## Credit Card Authorization

I agree that Lone Star Ballet can charge to the below credit card \$ \_\_\_\_\_ on the 5<sup>th</sup> of each month starting **October 2019 through May 2020**

Cardholder Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CC Type: \_\_\_\_\_ CC #: \_\_\_\_\_ Code on Back: \_\_\_\_\_

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## Draft Authorization – Must attach void check

### Authorization Agreement for Automatic Debits (ACH Debits)

Name on Account: \_\_\_\_\_

I (we) hereby authorize Lone Star Ballet, Inc. (Company) to initiate debit entries for \$ \_\_\_\_\_ and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our):  
\_\_\_\_\_ Checking \_\_\_\_\_ Savings Account (select one), indicated below.

Depository Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

This authority is to be *effective October 2019* and will remain in effect through **May 2020**, or until Company has received written notification from me (or either of us) of its termination in such time as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Tuition will be drafted on the 5<sup>th</sup> of each month, or on the next business day.**

Name: \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_