

CELL PHONE _____

Last name on account

PARENT'S NAME _____

CLASS _____

Garden City Dance Studio
2024-2025

All credit card payments will be subject to a 3.% convenience fee. There is no fee on debit cards. You will have the option to pay by cash or check one week prior to the first of each month to avoid this fee.

I give Garden City Dance Studio, Inc. permission to charge my credit card on file on the 1ST of each month, which will include a 3.% convenience fee. I agree to all terms as stated on the payment schedule for the 2024-2025 season. I understand that debit cards will not be charged this fee. Please make sure your debit card has sufficient funds available on the first of each month. If your card is declined, you will be contacted from someone in our office and you will have 24 hours to complete your payment in order to avoid a \$30.00 fee. If your debit card is declined a twice, you will be asked to leave a credit card on file as a back up payment. You may make your payment with Cash or Check the week prior to the 1st of each month. Otherwise your payment will be processed automatically to the card below on the 1st of each month. Checks that are returned to us unpaid will be charged \$30.00. Please make sure your debit card has sufficient funds available in order to avoid this fee.

Stop recurring charges to your card for withdrawal.

It is your responsibility to inform us when your child will no longer continue classes. Your account will be charged each month until formal notice is give in writing via email to Gardencitydancestudio@gmail.com. Your tuition payments will be halted once we have received your email withdrawal. There are absolutely no refunds for tuition under any circumstances. Early withdrawal fee of \$150.00 will be charged to your card on file . I agree if I withdraw from GCDS before the recital date, there will be a \$150.00 drop out fee per student.

Student's name _____

I agree to a 3.% fee for all of my payments for the credit card below. There is no fee on debit cards. I understand that if my debit card is declined for insufficient funds, there will be a \$30 fee added to your account and a replacement credit card will be needed on file.

Card holder's signature _____ Print name _____

Debit _____ Mastercard _____ Visa _____ Discover _____ American Express _____

Tuition Amount _____ Costume Deposit _____ Costume Balance _____

Card number: _____

Expiration date: _____ Security code _____ Billing Zip Code _____

Copy of Credit card below: