

## Credit/Debit Card Authorization

### Cardholder Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Card Type:    Visa    Master Card    American Express    Discover    Other \_\_\_\_\_

Card number \_\_\_\_\_

Exp date: \_\_\_\_ / \_\_\_\_    Security: \_\_\_\_\_    Zip Code \_\_\_\_\_

Dancer name: \_\_\_\_\_

I, \_\_\_\_\_, give permission to Spotlight Dance Works to automatically charge my credit/debit card for all charges for the 2024-2025 season. I understand that fees will be automatically withdrawn on the due dates unless full payment is received prior to due dates. I understand that auto payments will be used for all fees associated with my account. I understand that neither discounts nor refunds for monthly tuition, costumes, or other fees will be provided should the studio return to virtual sessions per state mandate or should my family/dancer leave in the middle of the season without thirty (30) days written notice.

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use

Month	Date Processed	Notes
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		

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