

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 2022-2023 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 I understand that fees will be automatically withdrawn on the due dates unless full payment is received prior to due dates.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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