**Connections Dance Collective Inc.**
**Pre-Authorized Credit Card Payment  - Authorization Form**

Connections Dance Collective Inc. strongly encourages that all clients provide credit card information that will be kept on file to process payments for any current or future classes the family may register for. Providing a valid credit card will help avoid late charges and ensure your account stays up to date. Please fill out this form and return to Connections Dance Collective Inc. via email at connectionscollective.guelph@gmail.com

____ VISA   ____ MASTERCARD ____ AMERICAN EXPRESS (AMEX)


Credit Card Number: _____ Expiry Date (MM/YYYY): _____

CVC CODE: _____

Name as Shown on Card: _____


Billing Address as Show on Credit Card Statements:

_____

_____

_____

**GENERAL GUIDELINES:**
- Invoices/ Statements of Account will be sent to clients BY EMAIL on our about the first day of every month.
- Credit Card payments will be processed on the 15th of every month, as per Connections Dance Collective Inc.'s Payment Policy.
- The client is responsible for reporting in writing any credit card statement billing error attributable to a transaction processed by Connections Dance Collective Inc.  Any refunds due will be credited to the card used or, upon the client's request, applied to the client's Studio Director account to be used towards future purchases.
- When processing credit card payments, a $25 NSF charge will apply if the credit card is declined and alternative payment arrangements are not made within 5 days of the attempted charge. Connections Dance Collective Inc. reserves the right to release a dancer's spot in a class if account balances are not paid in full in a timely manner.
- It is the client's sole responsibility to inform Connections Dance Collective Inc. of any changes to contact information, such as new contact person, email address, or credit card information.

I hereby authorize Connections Dance Collective Inc. to bill my credit card with the amount shown on my monthly Studio Director invoice or statement of account.

Name (Please Print): _____

Signature: _____

Date: _____