

# alaskadance**theatre**

## **Credit/Debit Card Charge Authorization**

I hereby authorize Alaska Dance Theatre, Inc. (ADT) to initiate credit/debit card charges for tuition and fees currently due from the card indicated below. I acknowledge that the origination of credit/debit transactions from my account must comply with the provision of U.S. law.  
Tuition is due on the 15<sup>th</sup> of the assigned month.

Type of card: <input type="checkbox"/> Visa/MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc		
Billing Address (if different from address on registration):		
State:	City:	Zip:
<i>All fields below must be completed in full</i>		
Name(s) as they appear on card:		
Card Number:		
Expiration Date:	CSV Code:	

Tuition is billed on the 15<sup>th</sup> of the assigned month (see your payment plan contract). Please charge the current balance due on the 15<sup>th</sup> of the assigned month or first banking day after. This authority is to remain in full force and effect until ADT has received written notification from me of its termination.

Signature of cardholder \_\_\_\_\_

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

Student Name (s): \_\_\_\_\_  
\_\_\_\_\_

<b>NOTE: A fee of \$30 will be charged for returned transactions</b>
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