



Payment Authorization Form

For security reasons, we **DO NOT** keep payment information from year to year.
A **NEW** form must be filled out for each new dance season.

Please choose your method of payment:

Credit/Debit Card (Auto Payment is taken out on the 3rd of each month) PLEASE CIRCLE ONE				
DEBIT CARD	VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS

PLEASE PRINT CLEARLY!

CARD #: _____

EXP. DATE _____ CVC CODE: _____

ZIP CODE _____ PHONE # _____

NAME OF DANCER(S) _____

PARENT/GUARDIAN _____

CARDHOLDER EMAIL _____

A detailed receipt will be emailed at the time of auto pay

Would you like all transactions processed via auto pay? (Costumes, shoes, etc.) **YES/NO**
YSOD will budget your account to **help you** financially!

By completing this form, you are authorizing YSOD to keep your payment information on file for one dance year. **Deductions are made on the 3rd of each month.**

SIGNATURE _____