



Leap Into Your Greatness

Credit Card Payment Authorization Form

To pay by credit card, please complete both sections below. If you no longer wish to be charged on this card for any reason, please notify Tamia by phone or email before the first of each month.

Card Holder Information:

Credit Card Type: Visa MasterCard Discover

Card Number _____

Security Code (CW2) _____

Expiration Date: _____

Name on card: _____

Billing Address: _____

Amount to be charged monthly: \$ _____

Primary Phone: _____

Secondary Phone: _____

By signing below, I agree to be charged \$ _____ monthly for my child/children's tuition at Jeté Dance Center.

Cardholder Signature: _____ Date: _____