

JUDITH SVALANDER SCHOOL OF BALLET

83 E. Woodstock Street, Crystal Lake, IL. ~ 815.455.2055 ~ www.SvalanderSchool.org

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled. A new form is required early

Credit Card Information	
Card Type:	
<input type="checkbox"/> MasterCard	
<input type="checkbox"/> VISA	
<input type="checkbox"/> Discover	
<input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	Billing Zip Code:
CW (3 Digit Security Code):	

I, _____, authorize **Judith Svalander School of Ballet** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Automatic Payment Authorization (Monthly Payments)

If you qualify, please refer to your specific level for the monthly rates. Our monthly payment plans are designed as a courtesy in which Trimester tuition is paid over 3 installments. With that being said, should a student leave our school mid-trimester, the remaining monthly payments for that trimester must be paid in full at time of dismissal. Visit **Policies** on our website.

Fall Session

- September 15, 2023
- October 15, 2023
- November 15, 2023

Winter Session

- December 15, 2023
- January 15, 2024
- February 15, 2024

Spring Session

- March 15, 2024
- April 15, 2024
- May 15, 2024

I, _____, authorize **Judith Svalander School of Ballet** to automatically charge my credit card on file for the nine (9) dates listed above. I understand that my credit card will be charged monthly in the amount of \$_____.

Customer Signature

Date