

# Heidi's Dance Center

## Automatic Payment Consent Form

Student's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

I authorize *Heidi's Dance Center* to charge my account in the amount of:

\$\_\_\_\_\_ on the 1<sup>st</sup> day of each month

starting \_\_\_\_\_ and ending \_\_\_\_\_

I will give *Heidi's Dance Center* one month's written notice to discontinue these charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_ \$15.00 Registration Fee Paid

### Method of Payment

- Use information currently on file
- Checking Account (attach voided check)
- Visa             Master Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

3000 NW 50<sup>th</sup> Street Riverside, Missouri 64150 (816) 587-3040  
TAP BALLET JAZZ BATON POM PON HIP HOP TUMBLING

