



2024-2025 Automatic-Tuition Credit Card Authorization

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD (check one or insert other)		Visa	Mastercard		
EXPIRATION DATE/CVV					
CREDIT CARD NUMBER					
BILLING STREET ADDRESS					
CITY		STATE	NY	ZIP CODE	11520
EMAIL		PHONE			

_____ (Initial) Your enrollment term is September ____ through August _____. You have elected to your tuition amount of \$_____ in full / _____ in three payments _____ in six payments (check one).

Your yearly insurance fee of \$50 is due today in addition to your costume deposit if applicable. Your total tuition due regardless of attendance is \$_____.

_____ (Initial) You have elected to pay your tuition in ____ payments of \$_____. Each payment will be processed on the 1st of each month. Registration fees and tuition paid are non-refundable. No withdrawals are permitted for company students after enrollment. Recreational and Visiting students may withdraw until November 1st of any given school year and will not be responsible for remaining tuition payments. 30 days written notice must be provided to withdraw. Tuition is non-refundable regardless of attendance. Tuition is based on yearly enrollment, September - August. Yearly tuition is payable as a single payment by cash or check, in three installments: September, October, November or in six installments: September (First and Last), October, November, December, January, February and March. All 1.5 hour, 1 hour, 45 minute classes and pointe classes are charged the same as the hourly rate. Classes with fewer than 5 students are subject to shortening. All school breaks, absences and planned/unplanned closures have been considered.

Please indicate if you are a visiting, recreational or company student: _____.

_____ (Initial) You will be responsible for alternate payment arrangements and any late or overdraft fees if Integral Ballet is unable to process your payment. If we are unable to collect a monthly payment, your remaining balance will be invoiced and charged automatically.

_____ (Initial) We agree to sell and you agree to purchase the membership, goods and services described herein and in your registration form. You agree to pay us for the membership, goods and services according to the payment schedule above. Your signature below indicates your agreement to be bound by the terms, conditions, rules and regulations of this agreement.

AUTHORIZATION OF CARD USE			
I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. I authorize Integral Ballet to charge my credit card for tuition payment or services received on the first of each month according to the schedule outlined above, and to verify the billing address of my credit card with the issuing bank upon my signature.			
By signing this authorization, I acknowledge that I have read and am in agreement with all of the above. All information given is complete and accurate. Monthly tuition and fees will be withdrawn on or after the same day each month. I understand that Integral Ballet School may continue to charge my account or cancel my membership in accordance with the terms in this agreement. Additionally, I authorize Integral Ballet to charge my credit card on file in lieu of presenting it for any services received, at my request.			
CARDHOLDER NAME	_____		
SIGNATURE	_____		