

2017-2018 MDE CREDIT CARD AUTHORIZATION FORM

We require a credit card on file for ALL families. If we have not received payment 2 weeks from issuing any invoice, the payment will automatically be processed onto your card on file. Any returned cheques will be processed onto your credit card, including their associated NSF Fee.

I, _____, authorize *Mellado Dance Elite* to charge my credit card for either the PAYMENT PLAN or FULL PAYMENT option as below, or I will issue post-dated cheques.

CREDIT CARD: Payment Plan Option

September – November 3 months @ _____/month = \$ _____ Payment Date: September 1st, 2017
December-February 3 months @ _____/month = \$ _____ Payment Date: December 1st, 2017
March-June 4 months @ _____/month = \$ _____ Payment Date: March 1st, 2018

CREDIT CARD: Full Payment Option

September-June 10 months @ _____/month = \$ _____ Payment Date: _____

POST-DATED CHEQUES

September-June 10 cheques received @ \$ _____ Payment Date: _____
Cheques may be dated for either the 1st or the 15th of the month, from September-June.

I, _____, authorize *Mellado Dance Elite* to charge my credit card for **Costume Deposits**. I understand that there will be a balance owing that will be invoiced in the springtime once the costumes have been completed.

___ of Deposits @ \$70.00 each

___ of Deposits @ \$50.00 each (*Preschool Classes only and all hip hop classes*)

Total = \$ _____ + \$35.00 RECITAL MEDIA PACKAGE FEE/DANCER = \$ _____

Payment Date: September 30th, 2017

I, _____, authorize *Mellado Dance Elite* to charge my credit card for **Ballet Exam Fees** and/or **Competition Fees**.

_____ Exam Fees @ \$ _____ each = Total = \$ _____ **Payment Date: October 30th, 2017**

_____ of Competition Entries @ \$45.00 each = Total = \$ _____ **Payment Date: October 30th, 2017**

I, _____, authorize *Mellado Dance Elite* to charge my credit card for any additional fees that may come up during the year. Such payments include: Costume Balances, Ballet Event/Workshop/Exam Fees, etc.

YES, please charge these fees onto my card **NO, I will submit alternative payment**

Cardholder's Name: _____

Card Number : _____ **Expiry Date** _____/_____/_____

Mellado Dance Elite is authorized to process payment by credit card in accordance with the payment schedule above. As a courtesy, please inform us if your credit card information or expiry date changes.

Please print your name, sign & date below to acknowledge the above payment plan.

Name: _____ Signature _____ Date _____