

Monthly Automatic Account Payment Authorization

The Vibe Dance Center
63255 Jamison Street
Bend, Oregon 97701
(541) 318-8338

VISA OR MASTERCARD ONLY

The Vibe Dance Center Account Name that this card will be applied to:

Student Name _____ Parent Name _____

Account/Cardholder Name as it appears on Card: _____

Address of Cardholder _____ Phone # _____

Type of Card: ___ Visa ___ MasterCard

Card # _____ - _____ - _____ - _____ Expires __ / __

Cardholder's Signature _____ Date _____

Cardholder please initial the following:

___ Your card will be debited on the 1st of each month

___ If you want to stop Auto-Pay you must contact us BEFORE the 1st. There will be no refunds.

___ Tuition is due on the 1st with a grace period to the 5th. If your card declines or otherwise not authorized by your bank you will be subject to the \$10 late fee.

___ It is your responsibility to maintain current card information.

Verification of fund transfer is at the discretion of, and the full responsibility of the customer. It is your responsibility to update payment information provided here. Payment cannot be processed if any of the following occurs:

- Issuing bank will not authorize payment for any reason
- Card Expired
- Change of Card (i.e. card #, billing address, etc)
- Card has been reported lost or stolen

I authorize The Vibe Dance Center, LLC to begin electronic monthly deductions from my Visa or MasterCard to pay the above mentioned fees.

Cardholder Signature: _____ Date _____