Credit Card/ACH Authorization Form

Student Name: _____
Class(es) Enrolled In: _____

Please complete this form to authorize ***Alegria Performing Arts Academy*** to charge your credit card or bank account monthly for your student's tuition by the 5th of each month if paying monthly.
This is not an auto-pay. If on a monthly payment plan, you will still receive your monthly invoice via Square, but if it is not paid by the 5th of the new month or your first class of the new month, we will manually charge the card you have on file for the new month's tuition. If we have to defer to the card on file for payment, the manual card transaction will incur a $5 service fee. If you do not have a card on file, or if your card on file is declined, and your invoice remains unpaid after the 15th of the new month, you will accrue a late fee of $20. ***Please note, the charge on your account may appear from Alegria Performing Arts Academy or Square.***

Please supply credit or ACH debit card information:

Name On Card: _____
Card Number: _____
Expiration: _____
CCID (3-digit code on back of card, or 4-digit code on front of AMEX): _____
Billing Address: _____
City, State & Zip: _____
Contact Name: _____
Contact E-mail: _____
Phone: _____

Tuition plan for one class, may change depending on classes enrolled in and any other applicable discounts:
_____ **Semester in Full ($14.50 per class)**
_____ **Monthly (pro-rated at a rate of $15 per class)**

<u>Applicant Acknowledgment and Authorization:</u>

I hereby authorize Alegria Performing Arts Academy to use the payment information supplied above for the monthly charge shown above. *This authorization is also valid for tuition and any outstanding invoice balances for registration, costumes, or boutique items.* Failure to take care of any outstanding invoices may result in denial of future enrollment.

I authorize Alegria Performing Arts Academy to manually process any unpaid invoices for tuition, showcase fees, costumes, or boutique items upon completion of each semester.

I acknowledge that I am authorized to use the credit card or ACH checking account and that there are sufficient funds available for the transaction. **I also acknowledge that all payments are non-transferable and non-refundable**, and any returned payments/insufficient funds charges will accrue a $35 fee.

Cardholder Signature: _____ Date: _____