

The Dance Zone Inc.

2024-2025 Season

PAYOR'S ACKNOWLEDGEMENT

This acknowledgement is for the 2024 – 2025 season for the pre-authorized withdrawals of monthly fees only. It may be cancelled at any time upon notice being provided in person or via email with confirmation reply. Verbal notices are not acceptable. It is the responsibility of the parent to provide up to date credit card information and to ensure the funds are deposited monthly.

Location : Weston / Jane (circle one)

Payment Method : Visa ____ Mastercard ____ American Express ____

Credit Card # : _____

Expiry : _____ Security Code : _____

Payment Info : Fixed Monthly Amount \$ _____ September to May
June = 50% of monthly fee

NOTE : Payments are withdrawn on the 1st of each month from September to June.

Student Name: _____

Payor Name (print) : _____

Payor Name (sign) : _____ Date : _____/2024

CHANGES

Circle one : Existing Card / New Card / Change of Card Date : _____

New Amount : \$ _____ Reason : _____

Credit Card Info : _____ Expiry : _____

Parent Sign : _____ Manager : _____

Notes : _____