

The Dance Zone Inc.

PAYOR'S ACKNOWLEDGEMENT

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

STAPLE CHEQUE HERE

Location : Weston / Jane

Payment Method : Cheque _____ Visa _____ Mastercard _____

Mastercard/Visa # : _____

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NOTE : Payments are withdrawn on the 1st of each month from September to June.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

CHANGES

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

New Amount : \$ _____ Reason : _____

Credit Card Info : _____ Expiry : _____

Parent Sign : _____ Manager : _____

Notes : _____