

Credit Card Authorization Form

Watters School of Irish Dancing

I hereby authorize Celtic Pulse LLC, DBA The Watters School of Irish Dancing, to charge my credit card each month, for the amount of: (Please circle one)

\$71	\$127	\$174	\$206	\$236	\$255
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This payment will be applied on or after the 17th of every month from the start date listed below, onwards.
If the amount due changes because of increased or decreased weekly attendance, I agree to be charged for the different amount.
I understand that the increments will increase slightly each year and I agree to be charged for those higher amounts.
If I choose to leave the Watters School, I will inform Myra Watters, in writing (email or mail) of this decision, at which time, credit card charges will cease.

Please fill in the following information:

Dancer(s) name: _____ (Please print)

Mailing address for your **credit card bill**:

(Street) _____ (Apt/Suite)

(City) _____ (State) _____ (Zip)

Credit Card number:

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Expiry date:

(Month)	(Year)

Type of credit card (Visa, Mastercard, etc.)

Type of credit card (Visa, Mastercard, etc.)

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Start date for charges: 17th of _____ (month) _____ (year)

Signed: _____ Printed name: _____

This form will be shredded as soon as the information is typed into the secure online system.
Please hand-deliver this form to Miss Myra. For your own security do not mail, email or fax.