

IMPACT CREDIT AUTHORIZATION FORM

Student Name: _____

Parent Name: _____

**THERE MUST BE A CARD ON FILE, YOU MAY CHOOSE CHECK OR CASH, HOWEVER
AFTER THE 5 TH OF THE MONTH THE CARD WILL BE AUTOMATICALLY
CHARGED. IF THE CARD DOES NOT CLEAR THERE WILL BE A LATE FEE OF \$10 ADDED**

Please choose one of the following payment methods:

Credit/Debit Card Cash Check

Name as it appears on the Debit/Credit Card: _____

Credit Card Type: Visa Mastercard American Express

Card Number: _____

Expiration Date: _____ CSV Number _____

Amount Due: _____

I authorize Impact Creative Arts Academy to withdraw funds from this account.

Signature: _____ Date: _____

All tuition is due by the 1 st the Month.

By signing below I understand that if tuition is not paid by the 5 th of each month, I am subject to a \$10.00 late of fee. If a check returns, you will be subject to a \$35.00 fee. If your child wishes to discontinue lessons at Impact Creative Arts Academy, you MUST provide a written notice 15 days prior to the beginning of a new month. You will be responsible for the last month's tuition if they choose to leave.

Signature: _____

Date: _____

For Internal Use Only:

June		Sept		Perform		Feb	
July		Oct		Dec		March	
August		Nov		Jan		April	
Registration						May	