

Dayton Dance

CONSERVATORY

Automatic Deduction Contract

2017-2018

Payments will be debited from the provided account on the 1st of each month for Automatic Deduction.

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Visa MasterCard

C.C. #: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City _____ Zip Code: _____

Signature for file _____ Date _____