

Dayton Dance
CONSERVATORY

Automatic Deduction Contract

2018-2019

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* _____