

Dayton Dance

CONSERVATORY

Automatic Deduction Contract

2024-2025

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

Student Name: _____

Parent/ Guardian Name: _____

Name on card if different from above: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Circle: Visa MasterCard

C.C. #: _____ Exp Date: _____

Billing Address: _____

City: _____

Zip code: _____

Signature: _____ Date: _____