

Los Angeles Ballet Academy

16422 Ventura Blvd.
Encino, CA 91436
(818)382-2500
info@laballet.com

Credit Card Automatic Payment Authorization Form – Tuition 2018-19

Here's How Automatic Payments Work:

This form allows you to authorize monthly charges to your credit card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to your email on file and the charge will appear on your credit card statement.

Recurring Payments Will Make Your Life Easier:

- It's convenient & saves you time
- Your payment is always on time (even if you're out of town), eliminating late charges

Please complete the information below:

I _____ authorize Los Angeles Ballet Academy to charge my credit card indicated below on the **15th of each month (10 payments, August 2018-May 2019)** for payment of my tuition based on the number of classes that my child is enrolled in following the payment schedule outlined below. I understand that I am able to view my child's enrollment via the LABA parent portal at any time and that any changes to enrollment [adding/dropping classes or leaving the school] must be made in writing using a class add/drop form. I further understand that by signing this agreement I become eligible for a 3% discount. This discount will become null and void should I opt to discontinue the automatic payments.

Monthly Payment			Monthly Payment		
	Full Price	With Discount		Full Price	With Discount
1 class/week	\$86.00	\$83.42	6 classes/week	\$456.00	\$442.32
2 classes/week	\$168.00	\$162.96	7 classes/week	\$518.00	\$502.46
3 classes/week	\$246.00	\$238.62	8 classes/week	\$576.00	\$558.72
4 classes/week	\$320.00	\$310.40	9 classes/week	\$630.00	\$611.10
5 classes/week	\$390.00	\$378.30	10+ classes/week	\$660.00	\$640.20

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

I authorize Los Angeles Ballet Academy to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect from August 1, 2018 until May 31, 2019 or until I cancel it in writing, and I agree to notify the business in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Account Type: Visa MasterCard Amex Discover Last 4 Digits of CC # _____

Once your credit card information has been entered into the system the card information below will be destroyed

Cardholder Name _____

Account Number _____

Expiration Date _____ Zip Code _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____