



Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing each month, simply fill in the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will be appear on your monthly credit card statement. You may cancel this billing authorization at any time by contacting us.

PLEASE PRINT LEGIBLY

Parent's Name _____ Child's Name _____

Parent's Home Phone # _____ Parent's Cell Phone # _____

Credit Card type: _____

Cardholder's Name (as shown on credit card): _____

Credit Card Account # _____ Expiration date: _____

Credit Card billing address: _____ Zip Code: _____

I authorize Jody Jaron, from The School of the Garden State Ballet to automatically bill the credit card above as specified:

Amount: \$ _____

on the 1st of each month, starting on ____/____/____ and ending on ____/____/____.

I will authorize Jody Jaron, via email or written note if I would like any additional fees, such as workshop fees, costume fees, registration fees, etc. charged to this account.

Signature of Parent/Guardian: _____

Date: _____