

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

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

Here's How Recurring Payments Work:

Places complete the information below:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

riease complete t	ine information below.	
I	authorize The King Co	entre for the Performing Arts to charge my
credit card indicated		
\$ on	registration and	
\$ on my child(ren)'s payments are conside are not a pay by mon	ered a payment plan agreement	/1/2024 through/1/2025 for payment of tuition. I understand that my as a breakdown of an annual tuition charge and
Billing Address		Phone#
City, State, Zip		Email
Credit Card Info	ormation	
☐ Visa	☐ MasterCard	
☐ Amex	Discover	
Cardholder Name	(s	_
Account Number		_
Exp. Date		
CICNATURE		DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The King Centre in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. There are no refunds or cessation of recurring payments for classes dropped after November 15th. 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. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that The King Centre may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

payment plan Studio _____