

**Stapleton Ballet Registration 2009/10
Credit Card Payment Authorization Form**

PLEASE PRINT:

Dancer's Name: _____

Cardholder Name: _____

MasterCard VISA

Billing Address: _____

Card Number (must be 13 or 16 digits): _____

Expiration date (mm/yy): _____ 3 digit security code (*last 3 numbers above name on signature panel*): _____

Please check one and sign below:

- One-time charge:** I hereby authorize the Stapleton School to bill the above credit card in the amount of \$_____
- Convenient Autopay Option:** I hereby authorize the Stapleton School to keep this card on file and bill my account for quarterly tuition charges. Stapleton agrees to send/email a confirmation statement each time this card is billed.

Cardholder signature _____

Date _____