

Relevé Studios

Automatic Payment Authorization

Fall Semester 2011

Date: _____

Payer's Name
Student's Name

Please enroll us in Relevé Studios AUTOMATIC PAYMENT program.

Name on Account (printed):
Billing Address (City/State/Zip):
Email Monthly Receipt to:

ELECTRONIC FUNDS TRANSFER INFORMATION:

Account Number:	<input type="checkbox"/> Personal Account <input type="checkbox"/> Business Account
Routing / ABA Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature	

CREDIT CARD INFORMATION:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmericanExpress <input type="checkbox"/> Discover	
Credit Card Number:	Expiration Date
Signature	Verification Code

I understand and fully agree to the following (please initial each):

_____ I agree and understand my fall session tuition in the amount of \$_____, will be debited from my account in five equal installments of \$_____ on 9/6/11, 10/6/11, 11/6/11, 12/6/11, and 1/6/11.

_____ **CANCELLATION POLICY:** Cancellation prior to September 6, 2011 will result in a \$25 charge. After September 6, 2011 there are no refunds, your card will be charged as stated above. You are committing to the session, we cannot refund, prorate or credit your account for classes not attended.

_____ Changes to enrollment: Tuition is transferable to a different class. Tuition may not be transferred to another student. I understand that an official ADD/DROP form must be submitted in writing to the Relevé Studios Manager by the 20th of the month prior to the change taking place. Verbal withdrawal with an instructor is not sufficient. A credit for future classes will be issued for written ADD/DROP notices resulting in fewer classes. There are no refunds.

_____ Accounts incurring a Credit Card Denial will be notified by phone and will be charged a \$25.00 Non-Sufficient Funds Fee. The full amount of tuition must be paid prior to the 10th of the month to avoid an additional \$25.00 Late Fee.

AutoPay Entered On: _____ By: _____

First payment date: _____ Amt: _____