



2765 Post Road  
 Warwick, RI 02886  
 (401)739-2563  
<https://www.distinctivedanceetc.com>  
 distinctivedanceetc@gmail.com  
 Stacy Capone-Owner/Instructor

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Time: \_\_\_\_\_

# MONTHLY DRAFT AUTHORIZATION

**Please complete information below:**

1. Preferred Payment:



2. Preferred Method of Receipt: Text  Email  None

3. Name on Card

CARD#	
EXP DATE	
CVC CODE	
ZIP CODE	
CELL#	
EMAIL	

Monthly Tuition	Additional Costume/ Misc. Dues	Total Monthly Charge
\$	\$	\$

4. I, \_\_\_\_\_ (print name), give my permission for DDE to run the above listed credit/debit card for the purpose of paying monthly tuition, due on the 1<sup>st</sup> of each month (or additional dues specified). The monthly transaction will be processed the 1<sup>st</sup> week of every month. The other payments will be processed as they become due.

5. CARD HOLDER'S Signature: \_\_\_\_\_ DATE \_\_\_\_\_