OFFICIAL USE ONLY
Family ID# _____

CREDIT CARD PAYMENT POLICY

1. All families must provide a valid credit card for our file. The following major credit cards are accepted: MC, VISA, Discover, AMEX.
2. The credit card on file is allowing Goldsboro School of Ballet, Inc., to charge your account with any outstanding balances, as well as late fees, on the 9th of each month.
3. Credit cards will be used to guarantee payment.
4. Debit cards may be used but Goldsboro School of Ballet, Inc., is not responsible for any overdraft fees that your bank might charge you.

_____ _____
Student's Name Parent's Name

_____
Name of Cardholder

Type of Card (circle): **VISA** **MC** **DISCOVER** **AMEX**

_____ _____ _____
Credit Card # Expiration Date 3 or 4 Digit Code

_____ _____
Billing Address Zip Code

I agree to have this credit card billed for the full amount plus any applicable fees in the event that another form of payment is not received before the 8th of the month.

_____ _____
Signature Date

NOTE: By filling out this form you are **not** on auto pay until you sign below.

AUTO PAY PROGRAM

Please select & sign below if you would like to join our auto pay program which allows a convenient process to make sure your tuition payments are made each month, on time and without late fees.

SELECT (circle) – ACH (Voided Check Needed) or use above CC.

YES – I would like to join the pay program > _____
Signature

2024 - 2025