

2017/18 **Auto Debit Authorization**
(credit or debit cards, no amex)

Fineline Theatre Arts, 77 Railroad Street, New Milford, CT 06776

Student(s): _____

Billing Address: _____

Parent Name: _____

City, State, Zip: _____

Registration Fee: \$ _____ (\$15 ea. add'l sibling)

Home: (_____) _____

Tuition: \$ _____

Mobile: (_____) _____

___ Vocal Performance Accompanist Fee \$tbd

card holder's email: _____

___ Nutcracker Performance Fee \$100 or 150

___ Spring DanceFest Fee \$

___ Drama Performance Fee \$100

___ Legit Play \$195

Total: \$ _____

Performance fees will be charged to your card on due date.

Full year tuition will be divided into 9 equal payments. The first payment will include the registration fee. Payments will process on or after the 1st of the following months:

September (Installment + Reg. Fee) thru May 1st

Installment \$

Please circle: Visa MasterCard Discover

Name on Card: _____

Card Number: _____

3 Digit Code _____

Expiration Date (month/year): _____

Note: It is your responsibility to contact us with an updated expiration date if your card expires prior to the end of the school

Policy Reminders

Tuition, performance fees and registration fees are not refund. Refunds are not given for student absences or snow days. Tu be pro-rated if a student will be out for more than two week injury or illness, with a valid doctors note. Otherwise, we en students to make up any classes they may miss in a comparat If a class is cancelled due to teacher illness, we will offer a ma class at some point during the school year. Should you need withdraw, we do require it to be in writing (or e-mail). After notification, we will not continue to bill you (so long as your payments are current). Payments made up to that point will refunded. By signing below, the cardholder acknowledges the responsibility to notify Fineline if the card number changes, i expiration date needs to be updated, if the card has been los or cancelled. Declined transactions will incur a \$20 administ fee. We reserve the right to resubmit the charge plus the administrative fee.

I authorize the above named business to charge the credit ca indicated in the authorization form according to the terms o above. I understand that this authorization will remain in effe the designated expiration date or until I cancel it in writing, v comes first, and I agree to notify the business in writing of ar changes in my account information or terminating of this authorization at least 30 days prior to the next billing date. I understand that if my card declines for any reason, I will be c declined transaction fee that will be automatically added to n account, and the charge will be resubmitted, without advance notification.

Signature: _____

Date: _____