

Recurring Credit Card Payment Authorization

Authorization Period: August 1, 2023 - August 1, 2024

I do hereby authorize the International Ballet Academy (IBA) & Theatre (IBT) to store my credit card information for use for upcoming payments. I understand that I will be charged for my child's monthly IBA tuition each billing period, and that no prior notification will be required for this monthly charge during the duration of this authorization period stated above. I understand that monthly charges will occur on the third day of each month. If the third day of the month falls on a non-business day, monthly charges will occur on the first business day following that date. The IBA season is a 10-month season; therefore, tuition is divided into 10 equal payments with the first charge on September 3, 2023 with the final monthly tuition charge occurring on June 3, 2024. I understand that the IBA will notify me of any deviations or changes to these regularly scheduled charges; however, I authorize IBA to make adjustments for minor fees or charges under \$10 without written authorization in the event that my dancer needs to make a minor purchase of water bottles, snack items, hair care items or any other such merchandise.

I authorize the IBA and IBT to accept my written authorization, by email or note/letter, at any point during this authorization period, to charge this same card on file for any unscheduled future charges for IBA and/or IBT activities, such as product purchases, registration fees, costume fees, performance fees, etc. *(Notes can be attached to forms or simply hand-written at the bottom of IBA/IBT forms for your convenience.)*

This form is for your convenience and for authorization. Our goal is to always diligently protect your payment information. If you prefer, you may visit the IBA front desk or call in your payment information so that it will not need to ever be in writing. The International Ballet Academy & Theatre organizations have partnered with a reputable payment processing company that offers secure transactions and the encryption all sensitive data.

Cardholder: _____	Phone: _____
Card Number: _____	Expiration: _____ CVV: _____
Street Address: _____	Email: _____

I certify that I am an authorized user of this above referenced credit card, and that I will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form. I understand that to cancel this auto pay, I will need to do so in writing within *15 full days prior to the next billing date*. Service charges may apply, especially in cases where charges are blocked and have not been able to be processed. All IBA late fees will still apply in these circumstances if there is a delay to payment beyond the IBA grace period. Furthermore, I stipulate that a copy of this form may be considered valid and equal to the original, signed form if it has been electronically submitted by me to the business office of IBA & IBT via email.

Card Holder Signature: _____ Date: _____

Updated 08/01/23