



marin dance theatre

Margaret Swarthout, *Artistic Director*
Lynn Cox, *School Director*
One St. Vincent Drive, San Rafael, CA 94903
Tel: 415.499.8891 Fax: 415.499.7687 www.mdt.org

Credit Card Payment Authorization Form

Please Print:

Student's Name: _____

Student's Level: _____ Quarterly Amount Due:\$ _____

Visa Mastercard Discover American Express

Cardholder's Name: _____
(as it appears on the card)

Credit Card number: _____

Exp. Date: _____ 3 digit CSC: _____ Billing Zip Code: _____

Billing Address: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Email Address: _____

I hereby authorize Marin Dance Theatre to process the above referenced credit card for quarterly tuition on the due dates listed below:

Quarter 1 Tuition Due Date: Monday, August 14, 2017
Quarter 2 Tuition Due Date: Monday, October 16, 2017
Quarter 3 Tuition Due Date: Monday, January 15, 2018
Quarter 4 Tuition Due Date: Monday, March 12, 2018

I hereby authorize Marin Dance Theatre to process the above referenced credit card for charges incurred at Marin Dance Theatre while the student is actively enrolled. Charges include, but are not limited to, registration fees, performance fees, private lessons, DVD fees, merchandise fees, locker fees, pilates fees, and additional class fees. If the student's account has a balance due at the end of each quarter, I give permission to MDT to charge the card for the full balance due. No account balances will be carried over from quarter to quarter.

Cardholder's Signature: _____ Date: _____

- NOTE REGARDING WITHDRAWAL FROM CLASSES: Marin Dance Theatre must be notified *in writing* when a student will be withdrawing from the school. If MDT is not notified, billing will continue on a quarterly basis on the above specified tuition due dates until we are notified that the dancer's participation has ended.