



Credit Card Form

Type of Card: Visa MasterCard Discover Amex

Name on Card: _____

Card Number: _____

Exp. Date: _____ **CVC Number:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: _____

I wish to have my monthly tuition payments taken from this account at the beginning of each new month. Yes No

**** there is a 4% credit card processing fee associated with this option.**

Disclaimer:

The O'Malley Irish Dance Academy will charge the credit card for the monthly tuition rate plus a late fee of \$5.00 if payment is over two weeks late. At the end of the dance year, when all bills are paid in full, your information will be shredded.

Signature: _____ **Date:** _____