



Erinvale School of Dance Ltd.
Pre-Authorized Payment Form

I, _____ authorize the Erinvale School of Dance Ltd. to charge the following payments to the credit card listed below on the dates indicated:

Circle one: VISA MC

Name on Card: _____

Card Number: _____ / _____ / _____ / _____ Exp: ____ / ____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

Amount to be charged: \$ _____ Date: _____

A receipt will be emailed upon payment completion.

Name: _____

Signature: _____ Date: _____

Email Address: _____

Student (s): _____