**Erinvale School of Dance Ltd.**Pre-Authorized Payment Form

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

VISA [ ]  MC [ ]
Name on Card: FIRST LAST
Card Number: Click here to enter text. Exp: MONTH/YEAR CVV:CVV

Amount to be charged: $Click here to enter text. Date: Click here to enter text.
Amount to be charged: $Click here to enter text. Date: Click here to enter text.
Amount to be charged: $Click here to enter text. Date: Click here to enter text.
Amount to be charged: $Click here to enter text. Date: Click here to enter text.
Amount to be charged: $Click here to enter text. Date: Click here to enter text.
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Amount to be charged: $Click here to enter text. Date: Click here to enter text.
Amount to be charged: $Click here to enter text. Date: Click here to enter text.

A receipt will be emailed upon payment completion.

Name:FIRST LAST
Student(s): NAME(S)
Email Address:EMAIL

