



Performing Arts

Recurring Payment Authorization Form

Please complete the credit Card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly statement. You may cancel this automatic billing authorization by contacting us in writing at least 15 days prior to the next billing date.

Payment Information

I authorize **Vibe Performing Arts, LLC** to automatically bill the card below as specified:

Product/ service description: Monthly class fee

Recurring amount: \$ _____

Frequency: **Monthly**

Start Month: _____ (Transaction will be the first of the month)

Customer Information

Customer/company: _____

Email address: _____

Phone: _____

Credit Card Information (to be completed by customer)

Card type: ___ MasterCard ___ VISA ___ Discover ___ AMEX ___

Cardholder name (as shown on card): _____

Card number: _____

Expiration date: Month _____ Year _____

CVV _____

Cardholder ZIP Code (from credit card billing address): _____

Customer's signature

Date