



ONE FORM OF PAYMENT MUST BE GIVEN IN THE CASE OF A DELINQUENT BALANCE

Please fill out your billing information below:

First Name: _____ Last Name: _____

Address: _____
Number Street City Zip

Phone - Home: _____ Cell: _____ Work: _____

Email: _____

A monthly statement will be emailed to the above address.

Children's Names: _____
(if involved in clinics or lessons)

ACH WITHDRAWAL

Bank Name: _____ Acct. Type, Please Circle: Checking / Savings

Routing Number: _____

Account Number: _____

DEBIT/CREDIT CARD CHARGE

There is a 3% admin fee on credit card charges

Card Type, Please Circle: Visa MasterCard Discover American Express

Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Date: _____

Would you like to be enrolled in auto-pay?

YES, withdrawal funds via ACH or debit/credit card automatically on the 10th of each month.

NO, I'd prefer to pay by check or cash but understand the above payment method will be used if the monthly balance is not paid by the 25th.