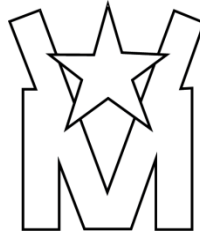


CONVENIENT AUTOMATIC PAYMENTS



281.379.4020 • staff@vickimichelle.net

PLEASE PRINT

Student(s) _____
 Account Holder _____ Cell _____
 Address _____

I authorize Vicki Michelle (VM) to debit account below on or about the 1st of each month for amount due. VM may debit account for miscellaneous purchases per my request/add to the following month. This authorization will remain on effect until Drop Form received. Student may withdraw after 6 full tuition payments with 30-day notice on the 1st. Additionally, I authorize VM to debit my account \$10 for returned/late payments and annual registration fee.

Authorized Signature _____ **Date** _____

Class(es) _____

 Tuition _____
 Recital _____ or _____
 Monthly _____

Entered By _____ Payments _____ Start Date _____ End Date _____ Boutique Tuition One-Time

PAYMENT METHOD

- *\$10 off registration via checking*
- Provide account info or voided check
- Visa MasterCard Discover

Cardholder _____

Routing _____

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Account _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card _____

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Expiration _____

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Code _____

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