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 in effect until Drop Form is received. May withdraw after 6 full tuition payments with 30-day notice. 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

☐ Checking info / voided check

☐ Visa ☐ MasterCard

Cardholder_____

Routing | | | | | | | | | |

Account | | | | | | | | | | | | |

Credit Card | | | | | | | | | | | | | | | | |

Expiration | | | |

Code | | |