**Anderson Young Ballet Theatre**

**Anderson Young Ballet Theatre Academy**

**Payment Instruction form**

Dancer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark how to apply the enclosed funds:

* AYBTA registration fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* AYBTA tuition, for the month of\_\_\_\_\_\_\_\_\_\_ Other items, list above
* AYBTA Spring Recital Production fee
* AYBTA Spring Recital costume NOTE: AYBT transactions
* AYBTA Spring Recital DVD need to be cash or check
* AYBTA Dance Camp
* AYBTA Intensive

**Enclosed funds: Cash (amount)\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_**

 **Apply CC/Debit #s listed below**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX Other\_\_\_\_\_\_\_\_\_ |
| Cardholder Name (as shown on card):  |
| Card Number:  |
| Expiration Date (mm/yy): CVV:  |
| Cardholder ZIP Code (from credit card billing address):  |

I, , authorize AYBTA to charge my credit card above for agreed upon purchases. I understand that my information will not be saved to file for future transactions.

Customer Signature Date