



CREDIT CARD ON FILE AUTHORIZATION FORM
Automatic Monthly Credit Card Billing

AUTOMATIC CREDIT CARD (MONTHLY CHARGE- indicate YES or NO) YES _____ NO _____

Please complete this form for PEAK Performing Arts Center, LLC. to keep your credit card on file for monthly billing for our 2020-2021 Season. By indicating YES on the above and signing this form, PEAK will automatically process your payment on/around the 1st of each month. If you indicate NO on the above, you may elect to provide us with another method of payment each month. PLEASE NOTE: Upon registration, a credit card MUST be put on file and will only be used if a payment is delinquent. (There will be a grace period of 5 days, prior to your card being charged). If you wish to cancel your **automatic credit card** payment with us, you may elect to provide us with another method of payment each month. If we are unable to process your credit card for any reason and payment has not been made by the 5 day grace period, you will be responsible for full monthly payment (and a service charge of \$15 will be applied).

It is your responsibility to provide any updated information (or changes on your credit card) to the immediate attention of Peak's official billing department, so that we have the proper information on file at all times.

Information to be completed by the cardholder:

The undersigned agrees and authorizes PEAK Performing Arts Center, LLC. to charge the credit card below for monthly payment charges and any fees incurred by the student named below:

STUDENT NAME: _____

STUDENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CARDHOLDER NAME (AS IT APPEARS ON CARD): _____

CARD ACCEPTED (circle one) – VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER _____ Expiration Date ____ / ____ Security Code _____

Credit Card Billing Address (if different from above student address)

Authorized Signature:
