



**Redmond
School
Of
Dance**

AUTOMATIC PAYMENT CONSENT FORM

Student's Last Name: _____ Student's First Name(s): _____

Parent's Name: _____ Phone Number:

I hereby authorize Redmond School of Dance to charge my account the amount of:

\$_____ on the first day of each month starting _____ and ending _____

I will give the school office one month's written notice from the first of the month to discontinue these charges.

Signature

Method of Payment

Checking Account – Attach void check here