



P.O. Box 594, Galveston, TX 77553

CREDIT CARD AUTHORIZATION FORM

Student Name(s): _____

Reason for Payment *(Please check all that apply)*

Tuition
for the Month(s) of: _____

AMOUNT: \$ _____

Registration Fee(s)
(Fall, Spring and/or Summer Semester): _____

AMOUNT: \$ _____

Other
(Please indicate): _____

AMOUNT: \$ _____

Credit Card Payment Options *(Please check ONE of the following)* :

ONE-TIME Payment
By checking this box, I authorize Galveston Ballet, Inc. to run my credit card for a **one-time** payment in the amount of: \$ _____
on this date: _____ / _____ / _____

MONTHLY Autodraft Payment
By checking this box, I authorize Galveston Ballet, Inc. to run my credit card for a **monthly** payment in the amount of: \$ _____
between the 1st and 5th of each month

▶ Please choose BOTH options if you wish to continue automatic Monthly Tuition charges to your credit card below:

Account Type:		<i>*Non-Refundable</i>	
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name: _____			
Billing Address _____		Phone# _____	
City, State, Zip _____		Email _____	
Card Number _____			
Exp Date _____		Credit Card Verification(CCV) Code _____	
Signature X _____		Date _____	
▶ Failed charges may result in a \$20 service fee. Galveston Ballet must be notified of ALL charge cancellations at least 1-week prior to transaction. Please contact us at payment@galvestonballet.org			

By my signature, I authorize the above named entity to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and is valid for uses indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.