

**Contract payment agreement**

(a) I agree to purchase the contract for the \_\_\_EDC Artistic Program class \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, at \$\_\_\_\_\_ per month, beginning on this date \_\_\_\_\\_\_\_\_\\_\_\_\_, and ending on \_\_\_\_\\_\_\_\_\\_\_\_\_ as an automatic charge to my credit card, or automatic debit to my checking account, each month for a contract period. (b) I hereby certify that I am the holder of the credit card, or an authorized signer on the bank checking account detailed below. (c) I understand that I will be notified if my credit card or checking account payment fails to authorize for any reason, and that a \$10 late fee will apply if I do not provide a valid credit card within 10 calendar days of the original rejection date. (d) I understand that my service will be deactivated if my account becomes more than 30 calendar days late. (e) I have read and understand the above terms stated in this contract and by signing below I agree to them. (e) I have read, understand and agree to the additional fees for the competitive program and I am choosing to pay these by, Option 1 \_\_\_\_\_ or Option 2 \_\_\_\_\_.

- Service Provider Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\\_\_\_\_\\_\_\_\_
- Client Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_\\_\_\_\_\\_\_\_\_

**Office use only**

Registration Fee \$ \_\_\_\_\_

Monthly tuition \$ \_\_\_\_\_

Costume fee/s \$ \_\_\_\_\_

Discounts (if applicable) \_\_\_\_\_

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Credit Card # \_\_\_\_\_

CVVX: \_\_\_\_\_ Exp. date: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

Address on billing statement: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent phone number: \_\_\_\_\_ Parent Email address: \_\_\_\_\_

