



LAFAYETTE SOCIETY FOR PERFORMING ARTS

# Lafayette Society for Performing Arts AUTOMATIC CREDIT CARD PAYMENTS

**\*ALL FIELDS ARE REQUIRED\***

**STUDENT(S) BILLED FOR THIS CARD** : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

You authorize Lafayette Society for Performing Arts to make regularly scheduled charges to the card indicated below. You will be charged each billing period, and that charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**\*\*Payments will be charged on the 1st of each month.**

**A CLASS CHANGE FORM, BY THE 15<sup>th</sup> OF THE MONTH IS REQUIRED TO STOP PAYMENT/MONTHLY INVOICE CHARGES FOR THE FOLLOWING MONTH'S TUITION.**

Auto-Credit Payment:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV 3 or 4 -Digit Security Code: \_\_\_\_\_



I authorize payment in the amount of \$ \_\_\_\_\_ each of 10 months, for the LSPA 2026-2027 Season.

I also authorize payment of any fees (registration, costume, performance, late, merchandise) to be included. All registration, costume and performance fees are nonrefundable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME : \_\_\_\_\_

CARD BILLING STREET ADDRESS : \_\_\_\_\_

CARD BILLING CITY : \_\_\_\_\_

CARD BILLING STATE : \_\_\_\_\_ CARD BILLING ZIP CODE : \_\_\_\_\_

CONTACT PHONE NUMBER : \_\_\_\_\_ EMAIL : \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. 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; provided the transactions correspond to the terms indicated in this authorization form.