

Civic Dance Studio Tuition Agreement

Student's Last Name	Student's First Name	Home Phone
Address	City	State and Zip

Membership Options (Select One)

- | | | |
|--|----------------------|---------------------------|
| <input type="checkbox"/> 1 Class: | Resident: \$35/month | Non-Resident: \$40/month |
| <input type="checkbox"/> 2 Classes: | Resident: \$65/month | Non-Resident: \$73/month |
| <input type="checkbox"/> Unlimited Classes: | Resident: \$95/month | Non-Resident: \$106/month |

Civic Dance Studio Classes

Please list class, or classes that your child will be participating in based on the membership package you selected

Class Name	Day	Price	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only	
Staff Initials	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. The City of O'Fallon will charge the credit card listed for each month's tuition.
2. In the event that one wishes to withdraw from the dance program they will forfeit the cost of the current month and the following month.
3. At the beginning of each month the tuition payment will be charged to the credit card listed.
4. Completing this form does not guarantee that one will be placed in classes on specific days or times.
5. Failure to complete this form will result in your child's place to be forfeited.
6. Please be aware that there will be no refunds.
7. I have read and understand the tuition policy general information on this form.
8. By completing this form one will reserve their child's spot for all classes listed above.

Applicant's Signature	Date
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Turn over for payment information ➔

Direct Debit Authorization

I hereby authorize the City of O'Fallon to transfer a **monthly payment of \$**_____ from my bank/credit card account for the payment of my Civic Dance Pass. The debit will be processed the 1st the month (If the 1st of the month is not a regular business day, the debit will be processed the next business day). I give the financial institution named below the authority to debit my account as indicated

Name as it appears on account		Address	
City	State	Zip	Home Phone

Financial Institution Name (if applicable): _____ **Circle One:** Checking Savings MC VISA

Checking or Savings Routing Number OR Last 4 Digits of Visa or Master Card	Checking or Savings Account Number OR CC Exp Date
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(Voided check or deposit slip required)

This authorization is to remain in full force and effect until such time as either party cancels it. In the case of a rate adjustment, the City of O'Fallon shall notify the user thirty (30) days prior to effective date. Any changes or cancellation to this agreement must be in writing on the "Amendment Form" located at the Service Desk or as a downloadable form at www.renaudspirtcenter.com.

EFT – Direct Debit Change or Cancellation Procedure

1. To cancel or change contact information, the pass holder must contact Danielle Reece, in writing on the "Amendment Form", at 2650 Tri Sports Circle, O'Fallon MO 63368-6696.
2. Processing, credit card or bank changes and account closures must be received by the 15th of the previous month if the debit occurs on the 1st of the month. If this authorization is cancelled and the Civic Dance Pass is not paid in full, the membership will be considered terminated and a balance due will be applied to the members account.
3. If the user chooses to cancel payment by EFT / Direct Debit and select one of the other payment options, or cancel this pass, thirty (30) days written notice is required. If the pass is cancelled in the middle of the month a partial refund for that month will not be issued. Cancellation requests must be in writing on the "Amendment Form" located at the Service Desk or as a downloadable form at www.renaudspirtcenter.com.
4. Please be aware that each occurrence of insufficient funds during the withdrawal process will result in a \$15 charge. Pass holder privileges will be suspended until all delinquent charges are paid in full. During the suspension you will still be charged the monthly membership fee unless you request cancellation 30 days prior.
5. If two (2) insufficient funds occur, the membership will be terminated.
6. **If the Applicant is under the age of 18 years old, a parent or legal guardian must sign this document.**

I have read and agree to the policies stated above in reference to using a monthly payment method for my Civic Dance Pass.

Signature of Account Holder	Date	Staff Initials
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The credit card # portion will be destroyed after the account is set up

Full CC #: _____ **Exp Date:** _____

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