

Cornerstone Studio

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete and sign this form, and turn it into the Studio 1 office. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated, on the date indicated, and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us with a written cancellation request.

General Information:

Today's date: _____

Student Name(s): _____

Parent/Guardian Name: _____

Payment Information:

I authorize Cornerstone Studio to automatically charge the card listed below as specified:

Amount \$ _____ on the 1st/15th (circle one) of every month.
(Example: \$63 on the 1st of every month for 1 weekly class.)

Start billing on: _____

Credit Card Information:

Cornerstone Studio accepts the following credit cards: **Visa, MasterCard, Discover** (circle one)

CC #: _____

Expires: ____ / ____

Cardholder's name: _____

Cardholder's Zip code: _____
(as shown on credit card)

Cardholder's email address:

(required for e-receipt)

Signature: _____ Phone number: _____

Thank you!
Cornerstone Studio