



3729 S. Hickory Ridge Mall  
Memphis, TN 38115  
901-300-0547

### Credit Card Recurring Payment/Credit Card Change Authorization Form

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt of payment will be emailed to you and the charge will appear on your 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 5 days prior to the payment being collected.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Dazzle to charge my credit card  
(full name)

indicated below for the monthly program fee of \_\_\_\_\_ each 1<sup>st</sup> of the month for payment of my child's dance program fee

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Circle Account Type:

VISA MASTERCARD AMEX DISCOVER

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorization Expiration Date: \_\_\_\_\_

Student Name:

Class or Location:

SIGNATURE:

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

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 the designated expiration date or until I cancel it in writing, whichever comes first, 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 payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.