

LATE PAYMENT POLICY

It is our policy at the Footsteps Family Dance Center that each family provides our office with a valid **credit card number** upon registration. Please be assured that this number will not be entered into our computer, nor will it be used without the account holder's permission. It will not be copied off this page; in fact, this page will be kept secure in a safe, for the privacy, **security**, and peace-of-mind of our clients.

Tuition for classes at the Footsteps Family Dance Center is due on the **1st of each month**. You will receive a statement in your studio mailbox 7-14 days prior to the due date; monthly clients will receive monthly statements, and trimester clients will receive statements every 3 months. If tuition has not been paid by the close of business on the 10th, a "Wish-You-Had-Paid-on-Time" (**WHYPOT**) **penalty of \$15** will be added to your account. If tuition remains unpaid by the close of business on the 29th, and the student has attended classes that month, the entire balance will be **automatically charged** to the credit card provided below. We will contact our clients **first by email, secondly by phone, and thirdly by USPS** before the 29th in attempts to elicit voluntary payment, before we resort to charging your credit card.

If, during the course of the dance season (August-June), you close this account, an **alternate account number** must be provided to the Footsteps office.

Please consult the Footsteps office if there are **extenuating circumstances** that will prevent you from being able to keep up with timely tuition payments. We will try to make arrangements until regular payments can be resumed.

By signing this document, you are stating that you **understand** this policy, that the account number you provide is **valid**, and that you **authorize** the Footsteps Family Dance Center to debit the account in the event that you fail to pay in a timely manner for services rendered.

Thank you for your cooperation as we seek to avoid collection issues and concentrate instead on providing your family with the **best dance experience** that we can!

LATE PAYMENT ACCOUNT AUTHORIZATION

Student(s) _____

Circle One: **Visa** **Mastercard** **Discover**

Name on Credit Card _____

Account Number _____

Credit Card Expiration Date _____ 3-digit security code (on back) _____

I hereby authorize the Footsteps Family Dance Center to charge this account for tuition and late fees if I fail to pay by the close of business on the 29th of the month and my student has attended classes during that month. I understand that my account number will be kept secure, and that it will not otherwise be charged without my permission.

Client signature _____ Date _____

