

**Delaware Arts Conservatory**  
723 Rue Madora, Suite 4 • Bear, DE • 19701 • T/302.595.4160  
E-mail: info@delarts.com • www.delarts.com

## 2024/25 Automatic Monthly Credit Card Payments Authorization Form

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I understand that by affixing my signature to this agreement, I am accepting the terms and conditions contained herein for automatic monthly credit card payments.

**CREDIT CARD ACCOUNT: (Please circle one)**

**Visa**

**Mastercard**

**Discover**

Your card must be on file with DelArts. Because you may have more than one card on file, please indicate the last 4 digits of the card you would like to use for your auto-pay: \_\_\_\_\_

Should my credit card transaction be declined for any reason, I understand that a service fee of \$30.00 (thirty dollars), for which I am responsible, will be assessed and billed to me directly. I further understand and agree that to ensure non-interruption of classes, I am required to pay this service fee of \$30.00 (thirty dollars), and I will remit any past due tuition upon receipt of this notice.

In the event that my credit card transaction is declined for a second time, I understand and agree that my participation in the Automatic Monthly Credit Card Payments Plan will be terminated. If this occurs, I understand that to ensure non-interruption of classes, I am required to pay a service fee of \$30.00 (thirty dollars) and I will remit any past due tuition by cash or check upon receipt of this notice. I further understand that all future tuition payments must be made by cash or check and I understand and agree to the Delaware Arts Conservatory's policies regarding these forms of payment.

I understand and agree that I will notify the Delaware Arts Conservatory immediately if my credit card information should change for any reason, either in person, by phone, or by changing it personally through the Parent Portal. At that time, I will provide the Delaware Arts Conservatory with updated payment information so that classes can continue without interruption. I further understand and agree that a new Automatic Monthly Credit Card Payments Form must be signed and dated.

I hereby authorize the Delaware Arts Conservatory to charge my credit card \$\_\_\_\_\_ for tuition on the 1st (first) day of each month, starting on October 1, 2024 and continuing through May 1, 2025. If my/my child's class schedule should change during the year, the new payments will be prorated and reflected on the next billing cycle. The new month's tuition will be noted on this agreement and must be initialed by me and a Delaware Arts Conservatory representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_