



I require a full 30 day notice cancelation

I PREFER CHECKING OR SAVINGS ACCOUNT

Actor's Name _____

Schedule your payment to be automatically deducted from your bank account (preferred) , or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank or credit card 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 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize That's a Wrap Acting Studio to charge my account
(full name)

indicated below for \$135 on the (circle one) 1st, 3rd, or 15th of each month for payment for my That's a Wrap Acting Studio tuition that covers 4 to 5 classes each month.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account(PREFERRED)

Credit Card

Checking	Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

Visa	MasterCard
Amex	Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I **cancel it with a full 30 day notice**. If the above noted payment dates fall on a weekend or holiday the payments may be executed on the next business day. For ACH debits to my checking/savings account, In the case of an ACH Transaction being rejected for (NSF) I understand that That's a Wrap Acting Studio must charge \$5. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.