



TDS Credit Card Authorization Form

I agree to pay THE DANCE STATION by CREDIT CARD and I authorize that the credit card noted below be automatically billed based on the Payment details noted below.

CREDIT CARD INFO:

Card Type: Visa MasterCard

Credit Card #: _____

Expiry: _____ (Month / Year) CVV (last 3 digits on back of card): _____

Name of Authorized User for the Credit Card Listed above: _____

If the Billing /Mailing Address for this Credit Card is NOT your Home Address, please provide:

PAYMENT DETAILS:		
Registration Fee of \$35 charged within 5 business days of registration. Non-refundable.		\$35
Select 1 of the following 2 Payment Options for your Tuition Payment:		
OPTION #1: 1 PAYMENT	OPTION #2: 3 PAYMENTS	
\$ _____ Tuition for the year. Charged on September 01, 2026	3 Equal Term Payments of \$ _____ Amount above will be charged on EACH of the following dates: 01 September 2026 01 December 2026 01 March 2027 (Total of 3 Equal Payments)	
No refunds after February 28, 2026. Upon notification of withdrawal, families forfeit tuition of the current TERM. TERMS for 2025- 2026: 09/01/2025 – 11/30/2025 12/01/2025 – 02/28/2026 03/01/2026 – 06/05/2026 Only future tuition payments will be returned/stopped. There will be no reimbursement of a partial term of classes.		
Additional fees will be charged on the dates below. All fees below are non-refundable once processed.		
Oct 1, 2026	Competitive Costume Deposits (if applicable) \$150 x _____ = <i>Family is responsible for total Costume Cost as of October 1.</i>	\$ _____
Nov 1, 2026	Competitive Choreography Fees (if applicable)	\$ _____
Nov 1, 2026	Recreational Costume Fee(s) \$125+HST x _____ class =	\$ _____

I hereby confirm that I am the authorized user for the credit card noted above. As such, I authorize The Dance Station to automatically post payments to my credit card on the dates noted above. I understand Costume Deposits, Costume Fees & Choreography Fees are non-refundable once processed and Tuition is only partially refundable as per TDS Cancellation Policy.

Signature of Authorized Credit Card / Account Holder: _____

Date: _____