



Credit Card Authorization Form For Recurring Billing

Name of Student: _____

Name on the Card: _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Recurring Billing Authorization

By signing below, I authorize Guy Babusek to automatically charge my card at the 4th lesson of each consecutive series of lessons. I understand that I can cancel this agreement at any time.

Must give 24 hours notice when cancelling a lesson in order to make up the missed lesson. All lessons cancelled with less than 24 hours notice are forfeited.

Signed: _____

Date: _____