



Last Name: _____

1st Child's Name: _____

2nd Child: _____

3rd Child: _____

STUDIO AUTOPAY FORM

I authorize Fusion Studios to perform scheduled or periodic electronic funds, transfer debits and/or credits from my account information provided and stored on my child's Mindbody account for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on studio purchases.

Initials _____

I also acknowledge that I provided by debit/credit card information in person and authorize Fusion Studios to store this information on my child's Mindbody account to use the card I provided for future payments/autopay charges.

Initials _____

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the credit/debit card information I provided in person. **Initials** _____

I am aware that if a class has 2-3 kids, class will be 45 minutes. I am aware that if my child is the only one in class, class will be 30 minutes. **Initials** _____

Any students picked up later than 5 minutes after the last class of the day will be charged a babysitting fee. \$1 will be charged, per minute - to the billing information on file after courtesy minutes are up. **Initials** _____

I agree to be signed up to Fusion Studios monthly newsletter. I acknowledge that I will be signed up to receive 6-8 emails a year. I agree to stay subscribed to the Newsletter for as long as my child is dancing to ensure that I don't miss any important information. **Initials** _____

You have until the 15th of the month to make any changes to autopay set for the upcoming month. Any changes made after the 15th will be applied to the following month. YOU MUST EMAIL IN TO THE LOCATION YOUR CHILD TAKES CLASSES AT TO MAKE ANY CHANGES OR CANCELLATIONS TO YOUR UPCOMING AUTO-PAYS. All classes expire at the end of the month. Please have your child take make-ups before the end of the month. No Exceptions, No Refunds.

Please initial that you understand and agree to the above statements. Initials _____

Parent Printed Name: _____ Phone Number: _____

Child Printed Name: _____ Child Birthday: _____

Parent Email: _____

Class information:

My child/children will be taking unlimited classes	Child's Name: _____
My child will be taking ____ classes per week.	Child's Name: _____
My second child will be taking ____ classes per week	Child's Name: _____
My third child will be taking ____ classes per week	Child's Name: _____

STUDIO AUTOPAY IS SET UP FROM THE MONTHS OF SEPTEMBER THROUGH JUNE. OUR SUMMER SCHEDULE BEGINS 7/1 AND CLASS PACKAGES THEN MUST BE PURCHASED.

I understand and authorize all the above as evidenced by my signature below.

Authoring Signature: _____ Date: _____

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Torrance, CA 90505

Fusion Studios: Rolling Hills
(310) 541-0099
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Rolling Hills Estates, CA 90274