

Dancer's Name \_\_\_\_\_

## PAA Debit Payment

I understand that and authorize Performing Arts Academy of Virginia Beach to debit my account from September thru June on the 15th of every month. I understand that it is in the amount of \_\_\_\_\_ that will be debited from my account every month.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

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



**PERFORMING ARTS ACADEMY**  
of VIRGINIA BEACH