



CENTRE STAGE THEATRICAL SCHOOL & COMPANY
P.O. BOX 6158 KINGWOOD, TEXAS 77325 (281) 540-0078

SINGLE ITEM DEBIT AUTHORIZATION FORM

Student's Name _____ Home Phone _____

Parent's Name _____ Cell Phone _____

Credit Card Verification:

Name as it appears on card: _____

Card Type: _____

Card Number: _____

Card Expiration Date: _____ (mm/yy) Zip Code _____

I hereby authorize Centre Stage Theatrical School and Company to debit the credit card above for the following: *(please check all that apply)*

_____ Monthly Tuition in the amount of \$_____ for the month(s) of _____

_____ Production and Costume Fees in the amount of \$_____ *(please specify show)*

_____ Other *(please specify purpose and amount)* _____

In the event Centre Stage is unable to charge the above referenced credit card, I understand that I am responsible for the payment.

Signature: _____ Date: _____