

**Delaware Arts Conservatory**  
723 Rue Madora, Suite 4 • Bear, DE • 19701 • (302) 595-4160  
info@delarts.com • www.delarts.com

**2024/25 Credit Card Authorization Form**

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I understand that by affixing my signature to this agreement, I am accepting the terms and conditions contained herein for credit card payments.

**CREDIT CARD ACCOUNT: (Please circle one)**

**Visa                      Mastercard                      Discover**

Your card must be on file with DelArts. Because you may have more than one card on file, please indicate the last 4 digits of the card you would like to use for credit card payments: \_\_\_\_\_

Should my credit card transaction be declined for any reason, I understand that a service fee of \$30.00 (thirty dollars), for which I am responsible, will be assessed and billed my account. I further understand and agree that to ensure non-interruption of classes, I am required to pay this service fee of \$30.00 (thirty dollars) and any past due tuition upon receipt of notice.

In the event that my credit card transaction is declined for a second time, I understand and agree that my participation in the Automatic Monthly Credit Card Payments Plan will be terminated. If this occurs, I understand that to ensure non-interruption of classes, I am required to pay a service fee of \$30.00 (thirty dollars) and any past due tuition by cash or check upon receipt of this notice. I further understand that all future tuition payments must be made by cash or check and I understand and agree to the Delaware Arts Conservatory's policies regarding these forms of payment.

I understand and agree that I will notify the Delaware Arts Conservatory immediately if my credit card information should change for any reason, either in person, by phone, or by changing it personally through the Parent Portal. At that time, I will provide the Delaware Arts Conservatory with updated payment information so that classes can continue without interruption. I further understand and agree that a new Automatic Monthly Credit Card Payments Form must be signed and dated.

I understand and agree that if my tuition is not paid by the 5th of the month, my card on file will be charged for the tuition amount plus a \$15 (fifteen dollars) late fee. I understand and agree that if my recital costume payment is not paid in full by February 15, 2025, my card on file will be charged for the full costume amount plus a \$15 (fifteen dollars) late fee.

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