



Credit/Debit Card Authorization Form

I authorize **STUDIO BELLA FOR KIDS** to electronically debit my credit card according to the terms outlined below.

I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Debit will be taken on the first of each month through June 1, 2021.

for the amount of \$_____ starting on _____.

Customer credit card account information:

Card Number: _____

Expiration Date: _____ Security Code: _____

This payment authorization is to remain in effect until I, _____, notify **STUDIO BELLA FOR KIDS** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Customer Signature: _____

Customer Printed Name: _____

Date: _____