



Opt-Out AutoPay Form

I acknowledge that I am responsible to make timely payments (1st of every month enrolled) of my balances due on my Charlotte Cirque & Center account in Studio Director.

I further acknowledge that if my payment is not received by the 10th of every month without notification to the office, I understand that a \$25 late fee will be charged.

This agreement begins September 1 and ends on the last day of the Spring Semester.

Student Name: _____

Signature: _____

Parent/Legal Guardian (if under age of 18) Signature: _____

Print Name: _____

Date: _____