

**Walltown Children's Theatre**  
**Credit Card Authorization Form**

Please complete all fields. The credit card authorization will remain in effect until WCT 2018-2019 fees and services are paid in full. You may cancel this authorization by paying the balance of all agreed upon fees. Please contact us at [wctdurham@gmail.com](mailto:wctdurham@gmail.com) or 919-286-4545 to cancel.

Parent First and Last Name \_\_\_\_\_

Student(s) First and Last Name \_\_\_\_\_

Cardholder Email Address \_\_\_\_\_

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
CVC-CW (3-4 Digit Security Code) _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I would like to set-up automatic payments

I would **not** like to set up automatic payments rather **pay all fees in full** immediately

I, \_\_\_\_\_, authorize Walltown Children's Theatre to charge my credit card above for agreed fees associated with monthly tuition and services. I understand that my information may be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date