



## 2008 CREDIT CARD AUTHORISATION

Students Name:

Class/es Enrolled In:

This Payment is For:

Amount:

Name On Card (Must be Student or parent / guardian of student):

Card Number:

Expiry Date:

Circle: Mastercard / Visa

I authorise the above amount and the 2% surcharge to be taken from my credit card. I understand that payments cannot be refunded and that missed classes may be made up within that session. I further acknowledge that in the event that a class is cancelled Funky Butts will offer the option of a refund for remaining classes or transfer into another class. I acknowledge that Funky Butts takes no responsibility for lost mail / faxes. The above credit card details are my own and I have the authority to use this card.

Signed (Cardholder) \_\_\_\_\_ Date \_\_\_\_\_