



Payment Plan Agreement for the 2026-2027 Season

This payment plan agreement for classes at Brighter Days Dance is made and entered into by Brighter Days Community Center and _____, whose phone number is _____ and whose email is _____.

Total Down payment Paid (must be \$25 per class) _____

Total Balance Due _____

Please Fill in the plan information below:

I, _____,

plan to pay _____ by the last day of the month, every month for _____ months, until my total balance due is paid in full. Payment plan to start on _____ (list month and year).

If payment by cash or check is not received by the dates stated above, I authorize the balance due to be charged to my credit card on file, including a 4% service fee. **If the credit card is declined, a \$25 processing fee will be added to the total amount due. If payment arrangements have not been made by the 15th of the following month, I understand that services will be withheld until the account is brought current and a new payment plan is established. **This authorization remains in effect until the balance is paid in full.***

Card # _____

EXP _____ CVV _____ Billing Zip Code _____

Card holder signature _____

If the unpaid balance is not paid in full by March 20, 2027, my child(ren) will not be able to participate in the fall rehearsal and recital the week of April 5th, 2027.

I have read the payment plan agreement. I understand and accept all its terms in full.

Family Signature _____ Date _____

Brighter Days Dance Signature _____ Date _____