

# LOS ANGELES THEATRE ACADEMY

## Automatic payment agreement

This is my information for an automatic withdraw from my account for services rendered by the Los Angeles Theatre Academy After School Program. I understand that the monthly payment will be deducted from my account during the first week of each month.

Name \_\_\_\_\_

Childs name \_\_\_\_\_

Card type \_\_\_\_\_

Card # \_\_\_\_\_

Exp date \_\_\_\_\_

CW Code(3 digit # on back) \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Los Angeles Theatre Academy

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