

c/o Catherine Fetterman 102 Carlton St. SW, Leesburg, VA 20175 catherine@art-together.com 571-293-1697 www.art-together.com

PAYMENT AUTHORIZATION FORM

To sponsor an artist, please complete and send to the address at left, or you may provide the information by phone. You will receive a sales receipt via email indicating when a payment has been made. Please don't hesitate to call if you have any questions. Thank you for your support!

CLIENT INFORMATION	Client Served		
	Responsible Billing Party:	Relationship	
	Phone Email		
AUTO PAY AUTHORIZAT	ION		
(choose one): 🔲 Bank D	ebit 🚨 Credit Card		
automatically bill my credit	t card for art services, products or don	o either electronically debit my bank account, or ations I authorize. I understand that the amount may vary est, and that rates are subject to change with advance	
on the 1st of the month (or	r shortly thereafter) for classes held tha	id. If I am a monthly participant, my account will be charge at month. Payments may also be processed at other times notify Art Together LLC that I wish to cancel.	
Date Signature	e of Responsible Party	or Approval by Phone	
Start Billing//_	a la carte classes 🚨 moi	nthly participant	
I'd like to include a donati	on of \$ to the Benevolent Art T	ogether Scholarship Fund 🔲 once 🖵 monthly	
FOR BANK DEBIT (com	nplete only if this payment method is b	peing authorized):	
Account Type: 🚨 Checkin	ng 🛘 Savings 🖵 Consumer 🖵 Busir	ness	
Name on Account		Bank Name	_
Routing #	Acc	count #	_
FOR CREDIT CARD (cor	mplete only if this payment method is	being authorized):	
Credit Card Type: 🖵 Visa	a □ American Express □ MasterCar	d	
Credit Card #		Expires	
Cardholder's Name (as sho	own on card)		
Cardholder's Street Addre	es (used w/ credit card):		