



The Dance Center of Spokane



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CREATIVE MINDS BRIGHT MINDS PRESCHOOL 2025-26 PAYMENT AGREEMENT FORM

Choose your Payment Option:

☐ **ACH-Via Checking/Savings account (*Preferred Method of Payment*)** ☐ **Use Account on file**

CMBM Account Name _____

Name on Bank Account-if different from above _____

Bank Name _____

Bank Routing Number _____

Checking Account or Savings Account – circle one

Account Number-for above checking/savings account _____

I understand the Monthly Tuition autopayments will come out of my checking/savings account on the 1st of the month-or the next processing day if the date occurs on a holiday or weekend. Optional Dates for ACH Autopay: 6th or 16th of month-or the next processing day if the date occurs on a holiday or weekend. Autopayment date: _____.

Tuition Rates: 3 year old program \$265.00/month ~or~ 4 year old program \$340.00/month

☐ **Other Payment Methods(credit/debit card*, etc.)** ☐ **Use credit/debit card on file**

I understand the Monthly Tuition autopayments will come out of my credit/debit card account on the 1st of each month unless I specifically request a different date below.

*Provide card when registering. Autopayment date: _____

Tuition Rates: 3 year old program \$285.00/month ~or~ 4 year old program \$360.00/month

I do hereby give The Dance Center of Spokane/Creative Minds Bright Minds Preschool permission to set up autopayment for Monthly Tuition as indicated on this Payment Agreement Form.

Signature _____ **Date** _____