



Kangs Black Belt Academy, Inc  
17810 Meeting House Rd. Suite 110, Sandy Spring, MD 20860  
301-570-1106 www.kangs.ninja

## Application for Tuition Payment

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Class Location & Room # (if applicable)

I hereby authorize Kang's Black Belt Academy, Inc. to initiate a withdrawal from the debit card or a charge to my credit card, below, in the amount of \$\_\_\_\_\_ each month beginning \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please provide a written one month notice to cancel tuition. Also please sign and date below that you understand these terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **CREDIT CARD/DEBIT CARD INFORMATION**

Type of credit card    Visa \_\_\_\_\_    Mastercard \_\_\_\_\_    Discover \_\_\_\_\_    AMEX \_\_\_\_\_

Name on credit card \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_ 3-digit number on the back \_\_\_\_\_