



## 2017-18 Debit/Credit Card Authorization Form

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

- I understand Students are expected to continue lessons for the full trimester. If it becomes necessary to withdraw from instruction for any reason, refer to #11 in the student policies. Families on the payment plan are responsible for paying the remaining balance on their account.
- I understand I may discontinue this authorization with 30 days written notice to The Music Academy of North Carolina and, if necessary, use another form of payment.

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only

Payment schedule:

Summer amounts:	June 5, 2017	July 5, 2017	August 5, 2017		
Fall amounts:	August 5, 2017	September 5, 2017	October 5, 2017	November 5, 2017	December 5, 2017
Spring amounts:	January 5, 2018	February 5, 2018	March 5, 2018	April 5, 2018	May 5, 2018