



Musical Chairs Credit Authorization

Contact information

Name on Card _____

Billing Address _____

Phone _____

Email _____

Card information

Type of Card **Visa** _____

Card Number _____

Expiration _____ CVV Code _____

Electronic Signature _____

Date _____

All charges will be processed on or after the 10th of each month.

Having signed this form, I authorize Musical Chairs Studio Inc. to charge the card above for music lessons on a monthly schedule. I understand that all attendance and billing information will be recorded on my personal website at www.StudioHelper.com and is accessible to me for review. With each transaction Musical Chairs will include a 3.5% fee to cover credit card service charges.

This form should be returned by email to Manager@MusicalChairsStudio.com or can be dropped off in the student tuition folder at the 2124 W. Lawrence Ave studio location.

Payment by Zelle: MusicalChairsStudio@gmail.com, payment due by the 10th of each month, after your card is on file with us. If payment is not received by the 10th the card will be charged including the 3.5% fee.