

Musical Chairs - Credit Card Authorization Form

Name on Card: _____

Street Address: _____

City, State, Zip: _____

Card type: please circle Discover Mastercard Visa

Card number: _____

Expiration month/year ____/____ CVV code on back of card ____

For recurring payments, tell us when you would like us to run your card:

____ 10th of every month ____ 20th of every month ____ 30th of every month

For one time payments, amount you are authorizing: \$ _____ Date to process: _____

** Note, previous amounts due will be charged upon receipt unless otherwise noted. If you wish us to charge previous amount due by installment, please contact manager@musicalchairsstudio.com

I authorize Musical Chairs Studio, Inc. to charge my card above for music lessons on a monthly basis. 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. Musical Chairs will charge \$35.00 / year to cover credit card services charges each September for the previous year.

Signature

Date

Mail or email this form to: 2136 W. Wilson Chicago, IL. 60625 or manager@musicalchairsstudio.com.

You may also drop off in the student tuition folder at the 2124 W Lawrence Studio location. Thank you.