



Lessons a'Lalette

637 Tower Rd, Ketchikan AK 99901
907-617-0520 2sing@live.com

RECURRING PAYMENT AUTHORIZATION FORM

Student's Name _____

Payor's Name _____

Starting Month _____, 20____

Credit Card Information

Card Type: _____ VISA _____ Mastercard _____ AmExp

Cardholder Name: _____

Card Number (last 4 if emailed): _____ Expires: ____/____

Bill Zip Code: _____ Email: _____ Cell: _____

I authorize Lessons a'Lalette to automatically charge my credit card for lessons each month. Charges will automatically include the early payment discount and will be debited on the first of each month, until cancelled. (Written cancellations are requested by email, text or Facebook Messenger.) Costs for music or other expenses may be debited as needed with the understanding of both parties.

Cardholder Signature

Date