**Credit Card** Authorization Form  ***CC***

**Form**

NORCAL Music & Arts Center(NCMAC)

**Credit Card Authorization Form**

Student Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Please print Last First Last First

Student Name 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Please print Last First Last First

Payment Plan Schedule: Please fill out the start date

Recurring charge every month

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Mo Day Year

Payment Date: Payment will be automatically charged on the **1st** day of each month from your account.

Customer Credit Card Information:

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_

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

Billing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Type (circle one): VISA MasterCard American Express Discover Diners Club JCB

Credit Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Payment Authorization**

I authorize Norcal Music & Arts Center to charge my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider receives written notification from me of intent to terminate at such time and in such manner as to afford the Service provided reasonable opportunity to act (Minimum 30 days).

I understand that the amount varies each month depending on the balance shown on the statement I receive between the 20th – 25th day of each month. These amounts may include the following items but not limited to: Tuition Fees, Book Purchases, Recital Fees, Late Payment Fees.

All other changes such as account number change, will require a new Credit Card Authorization Form to be filled out and submitted to Merchant 15 days prior to the next payment date.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider and Merchant harmless from damage, loss or claim resulting from all authorized action hereunder.

Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_