

WILLIAMSON MUSIC STUDIO

www.WilliamsonMusicStudio.com

*CONFIDENTIAL

Authorization for Williamson Music Studio to Accept Credit Card Payments for Music Lessons

Complete This Form

Student(s) Name(s): _____

Parent(s) Name(s): _____

Use Credit Card On File: (Current students only)

Credit Card: MC Visa Discover

Credit Card Number: _____

Exp Date: _____

3 Digit Security Number: _____

Frequency: Pay Semester Fee in Full Pay Semester Fee in Monthly Payments

I authorize Williamson Music Studio to charge the credit card account listed above for payment of semester music lessons fees related to the student(s) identified on this form for as long as I am enrolled in the studio. I have read and agree to the studio policy agreement. FOR SEMESTER FEE PAYMENTS: This authorization is for payment of semester fees in full. A credit card processing fee of 3% will be added to your total.

FOR MONTHLY DRAFT PAYMENTS: This authorization is valid for monthly installment payments. I understand that in addition to my monthly semester fee, each monthly draft will include a credit card processing convenience fee of 3%. I further agree that if any charge is dishonored, with or without cause, whether intentionally or inadvertently, Williamson Music Studio will have no liability, and such dishonor may result in the payment of a \$25 non-sufficient funds fee. *****All drafts will show up as AriSon Records on your bank statement.**

Name: _____

Address: _____

City : _____ State: _____ ZIP: _____

Daytime Phone Number: (_____) _____

e-mail: _____

Signature(s) of Bank Depositor (Sign Exactly as Name Appears on Bank Records) _____ Date: _____