



MusicalMindsConservatory.com
407.392.3202

MUSICAL MINDS
— CONSERVATORY —
of Windermere

Billing Information and Authorization Form

Student Name _____ Parent/ Guardian Name _____
Email _____ cell # _____ Today's date _____

Please choose your option below and complete the information as outlined. Thank you.

MONTHLY AUTO-DEBIT

CREDIT CARD INFORMATION AND AUTHORIZATION

NAME EXACTLY ON CREDIT CARD _____

Credit Card type (circle) VISA MASTERCARD DISCOVER AMEX

Card Number _____ Exp. date _____ 3 digit code _____

Please note: Your first payment will include the yearly registration fee of \$ _____ for a total of: \$ _____
After that, your card will be billed in monthly installments on the 23rd of each month (in advance) in the amount of
\$ _____ toward your semester invoice.

I hereby authorize **Musical Minds Conservatory of Windermere, LLC** to charge this credit card as described above.
I understand the Conservatory will be billing on a monthly basis and I agree to pay according to the terms of the
creditor and the contract I have signed for music lessons.

Signature of cardholder _____ Date _____

FULL SEMESTER PAYMENT

FULL SEMESTER TUITION

Student paid Full Semester Tuition Semester 1- FALL Total amount: \$ _____

Semester 2- SPRING Total amount \$ _____

Method of payment: Personal Check Credit Card Cash payee initial _____
(please circle) office initial _____