



MUSICAL MINDS  
—CONSERVATORY—  
*of Windermere*

MusicalMindsConservatory.com  
407.392.3202

## Billing Information and Authorization Form

STUDENT NAME \_\_\_\_\_ instrument \_\_\_\_\_ instructor \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_ lesson length/ x's \_\_\_\_\_  
 PARENT EMAIL \_\_\_\_\_ start date \_\_\_\_\_

### MONTHLY AUTO-DEBIT

NAME EXACTLY ON CREDIT CARD \_\_\_\_\_ 5-digit billing zip code \_\_\_\_\_

Credit Card type (circle)      VISA      MASTERCARD      DISCOVER      AMEX

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_ Code \_\_\_\_\_

Your first payment will include the yearly registration fee of \$ \_\_\_\_\_ for a total of \$ \_\_\_\_\_. Your card will then be billed in monthly installments on the 23rd of each month (in advance) in the amount of \$ \_\_\_\_\_.

I hereby authorize **Musical Minds Conservatory of Windermere** to charge my card on file. I understand the Conservatory will be billing on a monthly basis and I agree to pay according to the terms of the contract I have signed for music lessons. Please note: Thirty days written notice is required for lesson termination.

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

### FULL SEMESTER PAYMENT with discount

#### FULL SEMESTER TUITION

Semester 1- FALL      Total amount: \$ \_\_\_\_\_      Semester 2- SPRING      Total amount \$ \_\_\_\_\_

SUMMER TERM      Total amount \$ \_\_\_\_\_

Method of payment:      Personal Check      Credit Card      Cash      payee initial \_\_\_\_\_

(please circle)      office initial \_\_\_\_\_