



Automatic Payment Charge Authorization

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Email (for monthly receipts) _____

Telephone number _____

Cell Number _____

Credit Card Number _____ Exp Date _____

CCV/CCID Number (three digit number on the back of the card) _____

Student(s) Name(s) _____

I authorize Gene Ford Music to charge the credit card listed above for monthly music lesson tuition on or before the 5th of each month, at a rate of _____ per half hour reserved lesson time. I understand this is tuition which reserves a private lesson time until I submit a Notice of Termination.

GFM can charge this account monthly until notice is given to terminate lesson time. Notice must be given at least two weeks before the end of the month or another month's lessons will be charged.

Signature of Responsible Party: _____

Date: _____

By signing the above statement, it is understood that payment is being made for an entire month. Once payment is made the full, authorized charge will be made with no refunds offered. In accordance with our payment policy, if a lesson is cancelled by GFM a credit will be given for a lesson in the next month. When the terms of this authorization for recurring charge have changed or ended, a new form will be filled out.

Gene Ford Music
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