



CREDIT CARD AUTHORIZATION FOR – ETHOS WIND SYMPHO

Student Name \_\_\_\_\_

Monthly Charges:

Wind Symphony                      \$44/month                      \$ \_\_\_\_\_

TOTAL                      \$ \_\_\_\_\_

***please complete other side once totaled***

## Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the information below, include the total to be charged monthly, and sign the form. All requested information is required. Upon approval, we Ethos Youth Ensembles will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by emailing [brussell@ethosmusic.net](mailto:brussell@ethosmusic.net). Please allow at least five days' notice before desired cancellation date.

Student Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize **Ethos Youth Ensembles** to automatically bill the card listed below as specified:

Product/service description: **Ethos Monthly Tuition Payment** \_\_\_\_\_

Recurring amount: \$ \_\_\_\_\_ (please complete amount from opposite side)

Frequency: **Monthly**

Start on **November 18, 2019**

with recurring payments starting on **December 1, 2019**

End on **April 1, 2019**

Card Type:     MasterCard         Visa         Discover         Amex  
 Other \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder Address, City, State, Zip (from credit card billing statement - ): \_\_\_\_\_

\_\_\_\_\_

Card number: \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

CVV (three-digit number on back of card) \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date