



CREDIT CARD AUTHORIZATION FORM

Student Name _____

Monthly Charges:

- | | | |
|---|------------|----------|
| <input type="checkbox"/> Chamber Orchestra | \$44/month | \$ _____ |
| <input type="checkbox"/> Camerata Orchestra | \$44/month | \$ _____ |
| <input type="checkbox"/> Jazz Ensemble | \$44/month | \$ _____ |
| <input type="checkbox"/> Academy Year One | \$44/month | \$ _____ |
| <input type="checkbox"/> Academy Year Two | \$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. 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 **September 12, 2021 (for Chamber/Camerata Orchestra)**

with recurring payments starting on **October 1, 2021**

End on **April 1, 2022**

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