



Recurring Payment Authorization Form

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 as specified on the Online Student Information and Registration Form, to be deducted Monthly according to the schedule specified on the Online Student Information and Registration Form.

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

EMAIL THIS FORM TO brussell@ethosmusic.net