



## Recurring Tuition Payment Authorization Form

Lesson Length	30 minutes	45 minutes	60 minutes
Monthly Tuition	\$140	\$205	\$270

Student(s) Name: \_\_\_\_\_ Monthly Tuition: \$ \_\_\_\_\_

Your monthly tuition will be set up for automatic payments through the Visa, MasterCard, American Express, or Discover Card that we have on file.

**Please complete the information below:**

I, \_\_\_\_\_ (Cardholder) authorize New Heart Christian School of Music to charge my credit or debit card as designated on this form, for the tuition amount listed above. I understand that monthly tuition payments will be automatically charged on the 3rd day of each month during the school calendar year from August-May. I also understand that it is my responsibility to contact the New Heart Christian School of Music to update my card and payment information in the event of any changes, as there will be a \$25 fee for any late or unsuccessful payments.

**Credit Card Information**

Name on Card:	Card Number:		
Card Type:	3-Digit CMV#:	Expiration Date (mm/dd/yyyy):	
Billing Address:		City & State:	Zip Code:
Email:		Phone:	

I understand that this payment authorization will remain in effect until I cancel it by submitting a withdrawal form as outlined in the NHCSM withdrawal policy, and I agree to notify New Heart Music Ministries in writing of any changes to my account information or termination of this authorization. If the payment authorization date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

Printed Cardholder's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Cardholder's Signature: \_\_\_\_\_