Great Falls Music Studio

11109 Streamview Ct Great Falls, VA 22066 703 409 9525

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

☐ It's conv	ments Will Make Your Life venient yment is always on time	Easier:
Here's How Recurring Payments Work: You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below, each billing period. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from GFMS prior to the payment being collected.		
	ete the information belo	
authorize Great Falls Music Studio to charge my credit card (full name)		
		each month for payment of the next month's piano lessons
Billing Address		Phone#
City, State, Zip		Email
Credit Car	d	
Visa	MasterCard	
Amex	Discover	
Cardholder Nar	me	
Account Number	er	
Exp. Date		
SIGNATURE		DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Great Falls Music Studio in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments 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.