



**MUSIC ACADEMY**  
of Western North Carolina

*A Prelude to Success!*

## Student Recurring Payment Form

Name (As It Appears Of Debit/Credit Card): \_\_\_\_\_

Address (Associated With Debit/Credit Card): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Debit/Credit Card Type (Please Circle One):      MasterCard      Visa      Discover      AMEX

Debit/Credit Card Number: \_\_\_\_\_

Debit/Credit Expiration Date: \_\_\_\_\_

By signing below, I authorize the Music Academy of Western North Carolina LLC to automatically bill the debit/credit card submitted on this form for applicable monthly private lesson, ensemble, and music class tuition (plus any applicable materials) on the 25th of each month beginning January 25, 2014.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date