



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