

### Musicademy McAllen, LLC

### Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

**Customer Information** \*(To be completed by merchant)\*

Customer name: \_\_\_\_\_ Student name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information** \*(To be completed by merchant)\*

I authorize Musicademy McAllen, LLC to automatically bill the card listed below as specified:

Amount: \_\_\_\_\_ Frequency:  Weekly  Monthly  Quarterly  Annually

Start billing on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End billing when:  Contract expires: \_\_\_\_\_  
 Customer provides written cancellation

**Credit Card Information** \*(To be completed by customer)\*

Musicademy McAllen, LLC accepts the following credit cards:

Credit card type: \_\_\_\_\_ Credit card number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

Cardholder's name: \_\_\_\_\_  
(as shown on credit card)

Billing Address: \_\_\_\_\_ Cardholder's ZIP code (required): \_\_\_\_\_  
(from credit card billing address)

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_