



\_\_\_\_\_  
Name of student (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of student (2)

\_\_\_\_\_  
Name of student (3)

	Installment	Cost	Qty.	Amt. due
<b>Young Musicians Program 1</b> Fall-Spring: Weekly 30-minute private/ 45-minute group Summer: 6 45 min/1 camp	Monthly	\$170		
<b>Young Musicians Program 2</b> Fall-Spring: Weekly 45-minute private/ 45-minute group	Monthly	\$220		
<b>Weekly 45-minute private lesson</b> Summer: 12 45 min lessons	Monthly	\$180		
<b>Weekly 60-minute private lesson</b>	Monthly	\$240		
<b>Choir – 45 minute weekly</b>	Monthly	\$50		
<b>Musicianship Class – 45 minute weekly</b>	Monthly	\$50		
(this amount will be charged to your Visa or MasterCard every month) <b>Monthly total to begin _____:</b>				

<b>Activities fee</b>	Annual	\$25		
<b>Registration fee</b>	One-time	\$25		
<b>Pro-Rated Charge for First Month</b>	One-time			
<b>Additional lessons</b>	One-time			
<b>Additional Summer Camps</b>	One-time			
These are the “one-time fees” referred to on the credit card authorization form (on reverse)				

Please fill out reverse side.



## 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 with 30 days notice.

### Payment Information

I authorize Orpheus Academy of Music to automatically bill the card listed below as specified beginning \_\_\_\_\_:

Monthly Tuition Amount: \$ \_\_\_\_\_      End billing when: \_\_\_\_\_      Customer provides written, 30-day cancellation from the 1<sup>st</sup> of the month

To be billed on the \_\_\_\_\_ of every month. (no later than the 17<sup>th</sup>)

### Credit Card Information (To be completed by customer)

Security Code: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 VISA, MASTERCARD, DISCOVER, or AMERICAN EXPRESS number      Exp. date

\_\_\_\_\_  
 Cardholder's name as it appears on credit card      ZIP code from billing address

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

I have included a check to pay for one-time fees. Please do **not** bill my credit card for these fees. (If there is no check included we will automatically bill your credit card for the one time fees listed on the reverse.)

\_\_\_\_\_ for office use only:

<input type="checkbox"/> reg. form is complete	<input type="checkbox"/> new quickbooks account	<input type="checkbox"/> c.c. info in manage auto. billing
<input type="checkbox"/> signed / dated policy form	<input type="checkbox"/> enter statement charges	<input type="checkbox"/> online system updated (sched & psswrđ)
<input type="checkbox"/> complete/accurate fee schedule	<input type="checkbox"/> memorize transaction (cntrl M)	<input type="checkbox"/> Welcome letter and referral in outlook
<input type="checkbox"/> completed/accurate cc form	<input type="checkbox"/> receive payment for one-time fees	<input type="checkbox"/> new folder (policy, reg form)