



Automatic Credit Card Payment Agreement Form

Student's Name _____

Teacher: _____ Day: _____ Time: _____

Account Information

Credit/Debit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Name as it appears on Card: _____

Day of the Month you wish AutoDraft to occur (please circle): 1ST 7TH

Authorization Agreement

I hereby authorize Katy Music Studio to initiate automatic payments each month to my credit card listed above. The payment will be for the amount agreed upon.

This agreement will remain in effect until Katy Music Studio receives a notice of cancellation.

Signature: _____ Date: _____

Printed: _____ Date: _____