

BIRMINGHAM KEYBOARD ARTS CENTER

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ Security Code: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

PIANO TUITION PAYMENT OPTIONS:

____ I want to pay for the entire tuition, including recital and competition fees, at the beginning of each quarter.

____ I want to pay tuition in installments. Please charge my card monthly, on the dates established in the studio schedule.

Print and return the completed form to Heather Byars.