

Payment Form

Contact Information			
Student Name:			
Contact Name:			
Email:			
Phone:			
Payment Method (mark with an X)			
Cash:	Check:	Card (Full):	Card (Plan):
Card Information (if applicable)			
Cardholder Name:			
Number:			
Expiration (MM/YY):		CVC:	ZIP:

Payment is due at the first lesson of each semester. Please sign and return this form along with your payment in an envelope clearly labeled "Payment" along with the student's name.

For card payments:

By signing this form, you authorize Alexandra Grace Music to charge the designated card for the agreed upon purchases. You also understand that your information will be saved to file for future transactions on your account.

You certify that:

- You are the authorized Cardholder or have express legal authority to use the card.
- All information provided on this form (card number, expiration date, CVC, ZIP) is complete, accurate, and current.
- The card has sufficient available credit/limits for the authorized transactions.

ACKNOWLEDGEMENT

By signing up for lessons, you agree to the terms outlined in the Studio Policies.

Signature

Date