



*Maestro Music*

17175 SW Tualatin Valley Highway Suite C2  
Beaverton, OR 97006  
541-231-6040

**Credit Card Recurring Payment Authorization Form**

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$\_\_\_\_. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 7 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize Maestro Music, Inc to charge my credit card indicated below on the first (1st) of each month for payment of my tuition. I understand that I will only receive advance notice of the charge if it exceeds the amount specified above.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State\_OR\_ Zip\_\_\_\_\_ Email \_\_\_\_\_

Account Type (Visa MasterCard Amex Discover): _____	Expiration Date _____
Cardholder Name _____	
Account Number _____	CVV _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 14t days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.