



Community Music School Credit Card Payment Authorization

Student Name: _____

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ VISA _____ MC _____ Discover

Billing Address for Card: _____

Email Address for Receipt: _____

_____ I authorize CMSS to withdraw monthly payments from my credit card.

_____ I authorize a one-time payment only. AMT: _____

Signature: _____ Date: _____