

TORONTO SCHOOL FOR STRINGS

PRE-AUTHORIZED CREDIT CARD PAYMENT FORM

I, _____ (print name) hereby authorize the Toronto School for Strings to debit my credit card

for lessons for _____ as follows:
student name

\$ _____ to be divided into _____ payments of \$ _____
total invoice # / payments

to be debited on the 15th of each billable month, or the first school business day after the first of each billable month. Payments may be discontinued upon request in accordance with the Toronto School for Strings Attendance Policy. **Payments must be completed by June 17th, 2013**

Name as it appears on card

Card type: Visa MasterCard AMEX

Card Number Expiry Date (MM/YY)

I authorize the Toronto School for Strings to charge my credit card for additional invoices including group classes, additional lessons/lesson length, recital fees and summer lessons.

Cardholder Signature Date

For office use only

Month	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY
Date					
Auth.#					
Month	FEBRUARY	MARCH	APRIL	MAY	JUNE
Date					
Auth.#					