

**Recurring Payment Form:**

Student Name \_\_\_\_\_ Instructor \_\_\_\_\_

Name on Credit/ Debit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Address \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVS (3 numbers on the back of card) \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Monthly Amt. \_\_\_\_\_

Signature below to authorize a monthly recurring fee of \$ \_\_\_\_\_ to be paid to Anthem Road Academy LLC for music instruction. This may be discontinued at Any time with a 2 weeks notice. You will receive receipt of payment each month on the date payment is submitted.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Your information will not be shared with anyone. Only the owner of Anthem Road Academy and Admin Assistant will be authorized to see or use this information for the amount listed above on this document. Extra fees, including Book Fees, Recital Fees Etc. will be authorized by you before processing payment.