



## Credit Card Authorisation Form

Student Name:

School:

Mobile:

Email Address:

Card Number:

Cardholder Name:   
(as it appears on card)

Expiry Date:  /

CVN number:

(located on the back of card)

I hereby authorise The Music Partnership Pty Limited to: *(please tick your preferred choice of payment plan)*

Charge my credit card for band fees on the invoice due date, each semester.

Charge my credit card for the full amount of my private music lessons on the invoice due date, each term.

Any credits or refunds will be deducted from the next semester's / term's invoice.

To stop this credit card authorisation, please send an email to: [accounts@musicpartnership.com.au](mailto:accounts@musicpartnership.com.au)

I acknowledge that a 2% service fee has been added to the total of my invoice payment.

Cardholder's Signature: \_\_\_\_\_ Date:  /  /

Once completed, please email this form to: [info@musicpartnership.com.au](mailto:info@musicpartnership.com.au) or post to: PO Box 108 Enmore NSW 2042