



**Monthly
Payment AutoPay
Authorization**

Lessons – Teacher: _____ - Student: _____ Rate: \$ _____/Monthly

Lessons – Teacher: _____ - Student: _____ Rate: \$ _____/Monthly

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Starting Month: _____ Total: \$ _____/Monthly

****AutoPay Draft Arrangements: Your payment (the monthly total specified above) will be automatically drafted from your account on (or near) the first business day of each month. Auto draft arrangements may be terminated at any time by notifying The Harmony House (THH) store management in advance of the next draft period.***

- Please Complete -

(All required information remains strictly confidential)

Parent or Guardian (First-Last): _____ Phone: (____) ____ - _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Choose One: **VISA** ___ **MC** ___ **DISC** ___

Card #: _____ Exp. Date: ___/___ Security Code: _____

****I hereby understand and authorize this auto draft arrangement and understand I can terminate at any time by notifying The Harmony House.***

Signature: _____ Date: _____

Please email completed form to: monica@theharmonyhouse.net

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