



Monthly Payment AutoPay Authorization

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: [dee@theharmonyhouse.net](mailto:dee@theharmonyhouse.net)

The Harmony House – Home of the Arts

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