



Payment Plan Form – Authorization Form

Please complete this authorization form and return.

All information will remain confidential.

Return completed and signed form to: **msanchez@gmys.org**

Name as it appears on card: _____

Billing Address: _____

Email: _____ **Phone Number:** _____

Payment Method: _____ Check _____ Credit Card _____ Cash

Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Card Number: _____

Expiration Date (MM/YY): _____

CVC Security Code: _____ (last 3 digits on back of card)

Charge amount: \$ _____ (USD)

Note there is a \$3 Convenience Fee per transaction

Payments will be made on the _____ day of each month from _____ to _____ until my balance is paid in full.

(This must be agreed upon regardless of payment method).

I authorize GMYS to charge the amount listed above to the card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder/agreement. I understand that there is \$25 fee for payment plans. Failure to comply with the agreed payment plan may result in expulsion from GMYS.

Student Name _____ **Ensemble** _____

Cardholder Signature: _____ **Date:** _____

Print Name: _____

In Office Use Only:

\$50 Registration Fee PAID Balance Owed: \$ _____ Check when complete: