

8/18/22



## Payment Plan Form – Credit Card 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: \_\_\_\_\_ (3 digits on back of card, 4 digits if AmEx)

**Non MYami Ensembles Tuition= \$450 (\$550 Symphony)**

**MYami Ensembles Tuition= \$300 (\$200 Endangered  
Instuments/General Music)**

Please select your payment plan option: \_\_\_Sept 30 \_\_\_ Nov 30 \_\_\_Feb 28 \_\_\_

April 30 \_\_\_

- **Two payments - Select dates above**

\_\_\_\_\_ (Initial) I hereby authorize the Greater Miami Youth Symphony of Dade County Florida, Inc., to charge two payments towards my balance currently due on my account of \$ \_\_\_\_\_ until the amount is paid in full.

- **Three payments - Select dates above**

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\_\_\_\_\_ (Initial) I hereby authorize the Greater Miami Youth Symphony of Dade County Florida, Inc., to charge three payments towards my balance currently due on my account of \$ \_\_\_\_\_ until the amount is paid in full.

● **Four payments - Select dates above**

\_\_\_\_\_ (Initial) I hereby authorize the Greater Miami Youth Symphony of Dade County Florida, Inc., to charge four payments towards my balance currently due on my account of \$ \_\_\_\_\_ until the amount is paid in full.

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

\_\_\_\_\_ (Initial) I represent that I am the authorized cardholder, and that by signing below I understand and agree to the terms set forth in this agreement, and agree to pay, and specifically authorize the Greater Miami Youth Symphony of Dade County, Florida, Inc., to charge my credit card listed above for the services provided, including a \$3.00 convenience fee per transaction. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of outstanding balances owed. I agree to pay for this purchase in accordance with the issuing bank cardholder/agreement. I understand that there is a one time \$25.00 fee for establishing payment plan accounts, and that charges made for services provided are non-refundable. Past due payment plan accounts may result in suspension or expulsion from the Greater Miami Youth Symphony of Dade County, Florida.

**Student Name** \_\_\_\_\_ **Ensemble** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_