



Payment Plan Form – Credit Card Authorization Form

Please complete this authorization form and return via DocuSign.

All information will remain confidential.

Any question? Email msanchez@gmys.org

GMYS Office: 305-667-4069

Student Name _____ **Ensemble** _____

Parent Name: _____

Email: _____ **Phone Number:** _____

****Please note that you will receive an invoice from GMYS through Cut Time on the dates that you select. If your payment is not completed on the day that the invoice is sent, it will be counted as a late payment and GMYS will charge your card on file the following business day. If your payment is declined when your card is charged, it will be counted as a late payment. If you need to update your card information or payment dates, you must call the GMYS office at least **two business days** prior to your scheduled charge. Any late payments will add a \$5 late fee to your remaining balance.****

Name as it appears on card: _____

Billing Address: _____

Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Card Number: _____ **Expiration (MM/YY):** _____

CVC Security Code: _____ (3 digits on back of card, 4 digits if AmEx)

TOTAL BALANCE OWED: _____ **Date:** _____

Please select your payment plan option:

Two payments - Dates (select two) ___Sept 30 ___ Nov 30 ___Feb 28 ___ April 30

____ (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 - Dates (select three) ___Sept 30 ___ Nov 30 ___Feb 28 ___ April 30

____ (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 - Dates ___Sept 30 ___ Nov 30 ___Feb 28 ___ April 30

____ (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. 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.

Print Name: _____

Cardholder Signature: _____

Date: _____