

PAYMENT FORM

Fall 2021/Spring 2022

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I have received and read Enid Music's new Studio Policy for the Fall 2021/ Spring 2022 school year. I agree to the terms listed and wish for my child(ren) to continue with lessons through the next school year.

| | | | initials | | |
|--|-------------------------|------------------------|--|-------------------|--|
| PAYMENT OPTION | DNS: | | | | |
| ☐ Monthly Cash/Che | ck 🗌 Full _ sem | ester _ year | P.O.: _ Inspire Chart | er _ CORE Butte | |
| ☐ Monthly Online Pa | yment | ☐ Monthly Auto | omatic Debit (fill our tion on file | t the form below) | |
| Bank Transfer Au | thorization Form | 1 | | | |
| | NID MUSIC | , , | | | |
| Business name to the terms outlined below. I acknowledge that electronic debits against my account must | | | | | |
| comply with United St Terms of billing: | ates law. | | | | |
| ☐ One time on for the amount of \$ mm/dd/yy | | | | | |
| ☐ Starting on | and on the | of each r | nonth for the amou | nt of \$ | |
| mm/dd/yy first - fifth day of the month Customer bank account information: | | | | | |
| Routing number Account number | | | | | |
| Account type: | hecking \square Savir | ngs \square Consumer | Business | | |
| This payment authorization is to remain in effect until I,, notify Customer name ENID MUSIC Business name of its cancellation by giving written notice in enough time for the | | | | | |
| business and receiving financial institution to have a reasonable opportunity to act on it. | | | | | |
| Customanianat | | Customer printed name | | | |
| Customer signati | ni C | Customer printed name | | Date | |