

# Credit Card Authority Form



I/We wish to use my/our \_\_\_\_\_ ("Card") to pay for guitar lessons supplied to me/us by My Guitar School ("the merchant").

I/We hereby authorise the merchant to debit my/our card account with the amount specified on my/our bill each term, on or after the due date of my/our bill each term.

This authority shall stand, in respect of the above specified card and in respect of any card issued to me/us in renewal or replacement thereof, until I/We notify the merchant in writing of its cancellation.

Students Name: \_\_\_\_\_

Location (please circle):

Five Dock Studio

Eastwood Studio

Clancy Catholic College

Marist College

Patrician Brothers College

Card Type (please circle):    Visa

MasterCard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_    CVC (last 3 digits on back of card): \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

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