

Name: Service: Tuition:				
		Payment for the upcoming month of lessons is due by the 1 <sup>st</sup> of each month in the semester.  Payment for Fall semester- September through December  Payment for Spring semester- January through May.		
		Payment Options (please check one box):		
<ul> <li>Check, cash, digital payment applications (Ver</li> <li>Invoices will be sent via e-mail by the 25<sup>th</sup></li> <li>Payment received after the 10<sup>th</sup> of the monopole</li> <li>Late payments after 30 days may affect lead</li> </ul>	of the month prior. Onth will be considered late and are subject to a \$35 fee.			
Signature:	Date:			
OR				
☐ Automatically charge my Credit/Debit Card on	the 1 <sup>st</sup> business day of each month.			
Please complete the information below:				
	sic, LLC to charge my bank card indicated below on the 1s apaid invoice issued on the 25th of the prior month.			
Billing Address	Phone			
City, State, Zip	Email			
Credit Card #	Exp. Date CVV#			
Signature:	Date:			

I authorize regularly scheduled charges to my bank card. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tabor Music, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for any reason, I understand that Tabor Music, LLC may at its discretion attempt to process the charge again or request another form of payment. I acknowledge that the origination of bank card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.