



COMMUNITY **MUSIC CENTER** OF BOSTON

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MONTHLY PAYMENT PLAN DIRECT DEBIT AGREEMENT

(PLEASE PRINT YOUR NAME)

I, _____, authorize the Community Music Center of Boston to charge my credit/debit card monthly in the amount of \$ _____ per scheduled lesson for the billing cycle. Charges will be posted on or between the 15th and 20th of each month from the date of this agreement through June 2019 (or until my CMCB invoice has a zero balance).

I acknowledge that payment amounts may vary depending on the number of lesson days per monthly billing cycle. Should I wish to discontinue this payment method, I agree to notify the Registrar or Assistant Registrar immediately to arrange an alternative payment method.

Card Type: MasterCard Visa Discover American Express

Card Holder Name: _____

Card Number: _____ Expiration Date: _____

Billing Zip Code: _____

Please note that if your credit/debit card cannot be processed, CMCB reserves the right to discontinue lessons or classes until the status of the account is brought to current.

Account Holder Signature _____ Date _____

CMCB Registrar/Staff Signature _____ Date _____
