



COMMUNITY **MUSIC CENTER** OF BOSTON

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[www.cmcb.org](http://www.cmcb.org)

# MONTHLY PAYMENT PLAN DIRECT DEBIT AGREEMENT

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(PLEASE PRINT YOUR NAME)

I, \_\_\_\_\_, authorize the Community Music Center of Boston to charge my credit/debit card monthly in the amount of \$ \_\_\_\_\_. Charges will be posted on or between the 15th and 20th of each month from the date of this agreement through June 2020 (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.

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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.**

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Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

CMCB Registrar/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

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