



# Autopay Form

MM Acct: \_\_\_\_\_

STUDENT'S Name(s) (First, Last) \_\_\_\_\_

PARENT'S Name (First, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ 2<sup>nd</sup> Cell/Home/Work Phone: \_\_\_\_\_  
Please Circle One

Parent's Email Address: \_\_\_\_\_

Please charge my credit card on a monthly basis to this credit card: **Circle One**

**VISA**

**MasterCard**

**American Express**

**Discover**

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Address & Zip Code where you receive billing for this credit card: (if same, write "same")

\_\_\_\_\_

Please fill out this form in its entirety. When completed, please bring this form to Music Maker or send it in the mail, as the original signed form is required for Music Maker to make these transactions on your behalf. Music Maker does not accept emailed or faxed forms. Thank you.