



The Prindle School

Music Lessons, Classes, and Ensembles



THEPRINDLESCHOOL.COM
844.929.1909

123 UNION ST., EASTHAMPTON, MA
221 PINE ST., FLORENCE, MA
31 CAMPUS PLAZA RD., HADLEY, MA

Recurring Payment Authorization Form

Schedule your monthly lesson payment to be automatically deducted from your bank account, or charged to the credit card of your choice. Just complete and sign this form to get started. When completed, you can mail the completed form to 123 Union St., Suite 301, Easthampton, MA 01027, or drop the form in the payment drop box at any of our three locations.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Prindle Music Group, LLC to charge my credit card or bank account indicated below for (circle one): \$102.60 or \$153.90 or \$205.20 or another amount given here: _____ on the 1st of each month for payment of my tuition.

Billing Address:

Phone:

City, State, Zip:

Email:

Checking/ Savings Account

| | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name on Acct | _____ |
| Bank Name | _____ |
| Account Number | _____ |
| Bank Routing # | _____ |
| Bank City/State | _____ |



Credit Card

| | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name | _____ |
| Account Number | _____ |
| Exp. Date | _____ |
| CVV Code | _____ |

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Prindle Music Group, 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Prindle Music Group, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account 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.