

GRSYC Tuition Credit Card Authorization Form

I _____, authorize the Grand Rapids Symphony to
(please print name)
charge my Credit Card to pay for my child(rens) tuition to the Grand Rapids Symphony Youth Choruses program. This payment applies to the choir year of 2017-18.

Child's Full Name: _____ Tuition Amount \$ _____
Child's Full Name: _____ Tuition Amount \$ _____
Child's Full Name: _____ Tuition Amount \$ _____
Child's Full Name: _____ Tuition Amount \$ _____
Total Amount \$ _____

Credit Card Required Information:

Credit Card Type: _____ Visa _____ Mastercard _____ American Express

Credit Card Number: _____ (please keep us updated on any changes)

Expiration Date: _____ Security Code (see back of card for 3 or 4 digit number) _____

Name as it Appears on Card: _____

Authorized Signature: _____

Phone Number: _____

Address: _____

Billing Options:

_____ 1 payment - To be processed on October 16, 2017

_____ 2 payments - To be processed October 16, 2017, and February 16, 2018

_____ 8 payments - To be processed October 2017 – May 2018

Payment to be processed on the 15th of each month

_____ Send receipt via email to (email address): _____

Mail completed form to:

**Grand Rapids Symphony
Attn: Deb Lehmann
300 Ottawa Ave NW Suite 100
Grand Rapids MI 49503**