



Artist Music Academy

• www.artistmusic.org •

PO Box 43072  
Baltimore, MD 21236  
1-888-978-5332

**AUTOMATIC TUITION PAYMENT FORM**  
*(ACH Checking Account Only)*

Registration Date: \_\_\_\_\_

ID: \_\_\_\_\_

1st Autopay Payment to be made On (date): \_\_\_\_\_

**Student Information**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Instrument & Lesson type: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Instrument & Lesson type: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Instrument & Lesson type: \_\_\_\_\_

**Payer Information**

Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Automatic payments must be made with a Checking Account (*attach voided check*)

Routing # \_\_\_\_\_ Bank Acct # \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

**Privacy Policy**

ARTIST Music handles personal information with the utmost care. Bank account information indicated on this form will be submitted securely to ARTIST Music's ACH banking institution. This original form will be filed for safe-keeping in a secured location.

**Summary and Authorization**

The payer hereby authorizes automatic payment to be debited from payer's account in the manner indicated above on the 25th of each month for monthly tuition, fees, and other authorized payments to ARTIST Music. At the time of signing, the recurring monthly tuition is \$ \_\_\_\_\_. The payer agrees to ARTIST music's published policies and fees. Payer must provide written notice to ARTI-ST Music Center by the **10th** of the month in order for the payment scheduled for the 25th of that same month to be canceled. Payer understands that all tuition and fee payments are **non-refundable**. Should an automatic payment be rejected, a **\$25 returned payment fee** will be assessed and lessons will be discontinued until account is brought current. If payment is made on the **1st** of the month or later, a **\$10 late fee** will be assessed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_