



Roxbury Community School
25 Meeker Street, Succasunna, NJ 07876
Office Phone: 973-584-7699 Email: comschool@roxbury.org

Credit Card Authorization Form – FOR RECURRING BILLING – Applied Music Program

Sign and complete this form to authorize Roxbury Community School to make recurring electronic payments to your debit/credit card below.

By signing this form you give us permission to charge your account electronically for the amount indicated when **lesson balances reach zero lessons**. This is permission is for recurring transactions, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete all the information below:

First and Last Name (as it appears on the card): _____

Billing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address (for confirmations): _____

I _____ authorize Roxbury Community School to charge my credit card
(full name)

for _____ lessons in the amount indicated of \$ _____ when my child's
(# of lessons – min 2) (lessons are \$27 each)

Applied Music account reaches zero lessons for the _____ school year.
(school year)

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (as it appears on card): _____
Credit Card Number: _____
Expiration Date: _____ (mm/yy)
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

SIGNATURE: _____ **DATE** _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.