



Tacoma Youth Chorus

Credit Card Authorization Form

Please complete a separate authorization form for each singer's account

Payment for _____
(Singer's Name)

Credit card charges for tuition payments authorized below will be processed on the 25th of each month for tuition due on the 1st of the following month. Please provide your credit card information below.

I authorize regular monthly tuition payments as directed below:

Please charge the monthly tuition payment for the singer named above.
I understand monthly payments of \$_____ will begin on the 25th of the month prior to the due date of the 1st and will continue monthly until tuition is paid in full.

I authorize payment for charges as itemized on the monthly TYC payment form to include concert tickets, CDs, clothing, or singer activities.

I authorize Tacoma Youth Chorus to charge my credit card to complete payment(s).

Please circle one: **VISA MasterCard Discover**

Name on Credit Card _____

Address _____ City _____ Zip code _____

Email address _____

Date _____ Signature _____ Phone () _____

Credit card information

Exp: _____ / _____ *V-code _____
<small>*v-code is the last 3 digits of a number found on the back of your credit card.</small>

Mail your completed form to:

Tacoma Youth Chorus
P.O. Box 64734
Tacoma, WA 98464