

**SOUNDHOUSE MUSIC PROGRAM
DIRECT DEBIT AUTHORISATION FORM**

SURNAME:

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GIVEN NAME:

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CHILD'S NAME:

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SOUNDHOUSE PAYMENT DETAILS

Full payment of **\$520.00 (Cash, cheque or credit card)**
SOUNDHOUSE Fees 2009 on: Friday 27th February 2009
OR

Part payment by Direct Debit only of **\$130.00** quarterly on the following dates:

Friday 27th February 2009
Friday 1st May 2009
Friday 24th July 2009
Friday 16th October 2009

Notes:

- (1) *The amount indicated will be processed on the day the account is due.*
- (2) *Receipts will be issued the day payments are processed.*
- (3) *Direct debit authorisation can be withdrawn by requesting cessation in writing at anytime.*
- (4) *Quarterly payments are not refundable once the Term programs begin.*
- (5) *Withdrawal from the program must be in writing and prior to the new term commencing.*

CREDIT CARD DETAILS

Full Name as it appears on Credit Card: _____

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry Date:** _ _ / _ _

Visa

Mastercard

Bankcard

SIGNATURE OF CARD HOLDER: _____ **DATE:** _____

Office Use Only:
 Actioned by:.....
 Date:.....