

Automatic Tuition Payment Authorization Form

This form is to be filled out ONLY if you would like payments auto-drafted from your account.

Avoid late fees and spread out your tuition payments with these two helpful plans. Please read the description of each below and check the appropriate box for your selection. Then, complete the Student ID and Credit Card information below. Please mail to:

Oklahoma Youth Orchestras – 2501 N. Blackwelder – Oklahoma City, OK 73106

	Flex Payment Plan Auto Pay – I wish to make	three (3) payments through auto-draft of a
check here	credit/debit card on September 1, December timing of my enrollment.	1 and March 1 or a modified schedule based on the
	8 c, cc	
check here	Monthly Payment Plan - for a one-time fee of \$30, I wish to make eight (8) monthly payments through auto-draft of a credit/debit card on the 1st of the month, September through April. The \$30 fee will be added to my September payment. This schedule may be modified based on the timing of my enrollment.	
Student ID	(please refer to most recent email billing state	tement):
Cardholder Name: Card		_ Cardholder Email:
Credit Car	d Number:	
Expiration Date:		Security Code:
Billing Add	dress for Card:	
-		narge my debit/credit card for each payment as described in esent to me via email upon receipt of this authorization form
-	-	month on/in which my payment is due and I will receive an ling, statements or invoices will be sent to me.
Cardholde	r Signature:	Date:

Please mail this completed form to: