

**Samford University Preparatory Music Department
Credit Card Payment Form**

Date: _____

Cardholder's Name: _____ Phone Number: _____

Student's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

VISA Card # _____ Exp. Date: _____

MasterCard # _____ Exp. Date: _____

Amount of tuition paid by VISA or MasterCard: \$ _____

Cardholder's Signature: _____

► **If you wish to be automatically charged this amount each month, please indicate so by initialing here.** _____