

**Empire State Youth Orchestra
Tuition Payment Plan Authorization Form
Due August 1, 2017**

Musician's Name _____

Ensemble(s) Youth Orch. Rep. Orch. Wind Orch. String Orch. Concertino Strings
(Circle all that apply) Youth Jazz Rep. Jazz Youth Perc. Falcons Rep. Perc. Eagles Rep. Perc.

Circle Payment Plan: 5 Month Payment Plan 10 Month Payment Plan

I had tuition payments automatically deducted from an account during the 2016-17 season and would like ESYO to use the same account information to automatically deduct my payments for the 2017-18 season.
OR

I would like ESYO to use the account information below.

Account Holder Information

Name _____ Email _____@_____
(As it appears on checking account/credit card)

Street _____
(Associated with account)

City/State/Zip _____/_____/_____ Cell Phone () _____ - _____

The 5 & 10 Month Tuition Payment Plans requires that you supply ESYO with credit card information OR a VOIDED check from the account from which the tuition will be charged.

**Please affix VOIDED check here.
OR**

Credit Card Acct # _____
Expiration Date ____/____ **Security #** _____

I give permission for Empire State Youth Orchestras to charge my bank account (evidenced by the voided check attached to this form) for the purpose of paying tuition for my musician for ESYO's 2017-18 season.

I understand that a payment will be deducted on the 15th of each month starting August 15, 2017 running through January 15, 2018 (5 month plan) or May 15, 2018 (10 month plan).

I understand that each charge will not exceed one tenth (1/10) of my musician's outstanding tuition balance on August 1, 2016.

Signature of Parent/Guardian _____ Date ____/____/____

Questions? Please contact Lisa Stulmaker, ESYO Business Manager, (518) 382-7581