Johnstonbaugh's
music centers
a community-based resource since 1982

AUTHORIZATION FOR AUTOPAY

Date: _____

Account #_____ - _____

Customer Name _____

Select one of the following payment options below and complete the information requested:

1) Automated Bank Debit Authorization

Please deduct payment from my checking account:
Name of Financial Institution: _____

I hereby authorize Johnstonbaugh's to deduct payment from my account for instrument rental every month. I understand the company will retain a copy after two years of revocation. I further understand that if I choose to discontinue this payment plan I must notify Johnstonbaugh's in writing at PO Box 150, Gibsonia, PA 15044-0150. My notice of revocation will include the information detailed above.

ATTACH VOIDED CHECK HERE:

Customer Signature _____ Date _____

2) Credit/Debit Card: ☐ Visa ☐ Mastercard ☐ Discover

Expiration Date:

M M Y Y

3-digit security code:
(right side of signature line)

I understand that if I choose to discontinue this payment plan I must notify Johnstonbaugh's in writing at PO Box 150, Gibsonia, PA 1504-0150. My notice of revocation will include the information detailed above.

Cardholder Name as it appears on card _____

Cardholder Signature _____ Date _____

(Office Use) ☐ NEW ☐ Updated _____ (initials)

Entered in AIM _____ (date) _____ (initials)

north
4375 Route 910
PO Box 150
Gibsonia, PA 15044-0150
724-444-5660

south
1025 Washington Pike
Bridgeville, PA 15017
412-221-2990

east
Golden Mile Hwy., Rt. 286
140-A Sandune Dr.
Pittsburgh, PA 15239
724-519-2114