

**Melhart** Music Center  
3325 North 10th Street  
McAllen, TX 78501  
Phone (956) 682-6147, Fax (956) 682-4253  
jflores@melhart.com

Account # \_\_\_\_\_ Name on Account \_\_\_\_\_  
Payments to start in \_\_\_\_\_ Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR CREDIT / DEBIT WITHDRAWALS**

I, (buyer) \_\_\_\_\_ hereby authorize Melhart Music Center to initiate credit / debit entries to my account for my rental instrument account at Melharts and authorize them to debit my account on the 1<sup>st</sup> day of each month for the rental payment, including any incurring charges (late fees, past dues, NSF fees, etc..). Customer will accept this withdraw authorization for any future changes of credit/debit card. There will be a NSF fee up to \$50.00 for declined transactions.

\$ \_\_\_\_\_ Credit Card  
\_\_\_\_\_ Debit Card

This authorization is to remain in force and effect until Melhart's has received written notification from me of its termination.

NAME AS IT APPEARS ON CARD \_\_\_\_\_

BILLING STREET ADDRESS \_\_\_\_\_

APT/UNIT/PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CARD # \_\_\_\_\_

EXP (MM/YYYY) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If there is a problem, we would like to be able to reach you by phone or e-mail  
Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

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\_\_\_\_ New Account  
\_\_\_\_ Already has Account set up (changing c/c info)  
\_\_\_\_ Changing from Bank Draft to Auto Debit