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## 2024-2025 PAYMENT PLAN & DIRECT PAYMENT AUTHORIZATION

DIRECT PAYMENT VIA ACH DEBIT IS THE TRANSFER OF FUNDS FROM A CONSUMER ACCOUNT FOR THE PURPOSE OF MAKING A PAYMENT.

Please complete this form and submit it to the NMYO office with a voided check.

NEW

UPDATE

CANCEL

Musician Name: \_\_\_\_\_

Musician Address: \_\_\_\_\_

NMYO Ensemble: \_\_\_\_\_

I (we) authorize Northeast Massachusetts Youth Orchestras, Inc. ("NMYO") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository (Bank) Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Payment Plan:

Seven equal installments of all tuition & fees, debited on the 15th of each month beginning September, 2024 through March, 2025\*

*\*When the 15<sup>th</sup> falls on a weekend or holiday, payment will be withdraw on next business day.*

In requesting this payment plan I (we) agree to have my (our) depository account automatically debited for the payment amount selected above and also agree to immediately inform NMYO, in writing at the Manchester office, if my (our) bank changes during the course of the year. Should my (our) payment be rejected for insufficient funds, I (we) understand I (we) will be charged a \$20 fee for each occurrence. I (we) also understand and agree that should my (our) child withdraw from the program after the add/drop date, I (we) will still be liable for the entire year's tuition and the automatic withdrawals will continue until I (we) am paid in full.

\_\_\_\_\_  
Print Name(s) of Depository Account Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s)

**Return this completed form with a voided check to the NMYO office no later than *September 9, 2024*.**