

AUTHORIZATION FORM FOR CREDIT CARD PAYMENT

of the Courses at the Scuola di Musica di Fiesole

To be filled out in its entirety and signed:
via email: g.cabras@scuolamusica.fiesole.fi.it
email PEC: clienti@pec.scuolamusica.fiesole.fi.it
or directly at the Administrative Offices of the School

First and Last Name

Residence

Via/piazza and civic number

Postal Code

City

Prov.

Telephone number

Credit Card Information

Type VISA MASTERCARD

Card Number _____

Expiration date (mm/yyyy) ____/____

Cardholder's name (How it is displayed on the card)

Indicate the reason why the payment is being effected:

Student's Name and Last Name

The undersigned authorizes the Fondazione Scuola di Musica di Fiesole O.N.L.U.S. to effect the payment from the aforementioned credit card, of the amount agreed upon between the parties.

The first payment will be executed on the date of presentation of this document and successive monthly payments will be executed by the first week of the following month.

I furthermore authorize that my personal data will be utilized exclusively for the indicated motives in the present document, in conformance with ex D.lgs 196/03 and Reg. UE/679/2016, guaranteeing the utmost privacy.

Privacy information (ex D.lgs 196/03 and Reg. UE/679/2016)

-The information contained in this present document and relative attachments may be reserved and are destined exclusively to the person or Society indicated as recipient. The diffusion and distribution of this present document to parties not indicated, or general illicit use of the information herein, is prohibited under the Regulations of Personal Data Protection (Privacy).

Date / /

Legible signature for acceptance
