

# Withdrawal Form / Stop Automatic Payment

Last Name: \_\_\_\_\_ Parent's Name (if under 18): \_\_\_\_\_

Students Name			
Instrument			
Lesson Day			
Lesson Time			
Lesson Length	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60
Teacher			
Last Lesson Date			

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Submission Date Via e-mail or in office: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Reason for Withdrawal**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like a complementary lesson with a different instructor? Please Circle:      YES      NO

Paid lessons more than 15 days from withdrawal may be applied to acct. Credits to acct: \$\_\_\_\_\_ (staff)

I hereby request to withdrawal from lessons and be removed from the automatic monthly payments for said lessons. A withdrawal form must be submitted to the office 15 days prior to the requested last lesson.

X \_\_\_\_\_      \_\_\_\_\_  
Signature      Date

Notes-Delete in Schedule / Remove from Billing / File / Employee Signature: \_\_\_\_\_

**Utah Conservatory**  
**4593 Silver Springs Drive**  
**Park City, UT 84098**  
**435-649-6292**  
**e-mail – utahconservatory@gmail.com**