



## Payment Plan

Please complete the section below and either:

- scan and email to [ganga@singingtheself.com](mailto:ganga@singingtheself.com)  
OR
- email [ganga@singingtheself.com](mailto:ganga@singingtheself.com) for postage details

---

### Terms:

I agree to have 3 payments of \$100 debited from the credit card detailed below.

1<sup>st</sup> instalment payable on the date this form is received by Ganga Karen Ashworth.

2<sup>nd</sup> instalment payable week 4 of the Heal Your Voice Course: week beginning 31<sup>st</sup> March

3<sup>rd</sup> instalment payable week 6 of the Heal Your Voice Course: week beginning 14<sup>th</sup> April

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card (please tick)     MasterCard     Visa

Card Number:     -     -     -

Name on Card: \_\_\_\_\_

Expiry Date:    \_\_\_\_ / \_\_\_\_    CSV \_\_\_\_\_

Signature: \_\_\_\_\_

(Your signature is your agreement to the above terms & gives authority for a credit card sales voucher to be issued)