



## 2014 TEAM Credit Card Authorization Form

Parent/Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Team & Level: \_\_\_\_\_ Tuition: \_\_\_\_\_

**Total Monthly Tuition:** \_\_\_\_\_

### Annual Registration & Membership Fee

**Rising Stars Gymnastics Academy assesses an annual membership fee for all recreational and team students. The cost is \$55.00 per gymnast, per year.** This fee covers team management expenses as well as insurance fees.

RSGA Registration Fee is due annually each year and will be automatically withdrawn on your anniversary date each year. Any gymnast that leaves the gym for a period of 30 days or longer will be re-assessed the Membership Fee upon their return.

### Payment plans:

*Please initial which payment plan you choose.*

1. \_\_\_\_\_ Pay each month by cash, check, or credit card. I understand that if payment is not received before the 7<sup>th</sup> day of the month, my credit card on file will be charged and a \$5 administrative fee.
  2. \_\_\_\_\_ I choose to have my monthly tuition automatically deducted from my credit card on the 1<sup>st</sup> of each month.
- *If your team hours are increased or decreased, therefore causing your tuition to increase or decrease, your credit card will still be charged for your tuition.*
  - *The annual Registration & Membership fee will be charged to your account every January.*
  - *Payments for competitions, leotards, warm ups, coaches fee or any costs, other than your monthly tuition, will never be automatically deducted from you credit card without your prior authorization.*

### Credit Card Information:

Cardholder's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card Type: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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



### Terms and conditions:

I hereby authorize Rising Stars Gymnastics Academy to charge the above credit card as identified above to the terms stated here. This authorization shall remain in effect until Rising Stars Gymnastics Academy has received written notification from me of intent to terminate at such time and in such a manner as to afford Rising Stars Gymnastics a reasonable opportunity to act (minimum 30 days). I understand that if the total amount owed to Rising Stars Gymnastics Academy is increased, I authorize this plan to continue until the amount owed Rising Stars Gymnastics Academy is paid off or unless the plan is terminated earlier by me as above.

I will be liable to pay a \$25.00 fee for each returned check. I understand that if tuition is not collected due to declined credit card, a \$5.00 administrative will be charged. A late fee of \$30.00 will be applied to the account if payment is not received by the 7<sup>th</sup> of each month. It is my responsibility to update my account with a new credit card, if need be.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Rising Stars Gymnastics Academy and the credit card processor harmless from damage, loss or claim resulting from all authorized actions hereunder.

X

Cardholder Signature

Date