

CREDIT CARD AUTHORIZATION

All monthly balances will be automatically charged to your credit card on file twice a month. The transactions will be done on the 30th and 13th of each month to coincide with Tuition Fees(due 1st of each month) and Team Fees (due 15th of each month). All payments paid after that time will incur a \$20.00 late fee. All applicable fees will be charged if the card on file is declined for ANY REASON.

If you do not want your credit card to be charged you must do the must notify the front desk 5 calendar days in advance and must pay your account in full using cash or check.

In the event of expired, lost/stolen cards, billing address changes, etc, it is your responsibility to notify the front desk and complete a NEW CC authorization form. *All accounts must have a current credit card authorization form on file.* If your account remains unpaid past the 6th day of the month for any reason your child will be held out of practice and may be removed from the program.

Cardholder (As	appears o	on card):			_
Type of card: EXPRESS	□Visa	□MASTERCARD	□DISCOVER	□AMERICAN	
Card Number: _					
Security Code:	Expiration Date:				
Billing Address	:				
City:		State	Zip:		
for all charges due care of my balance for any reason I an	or past du due imme n responsik	HLETICS to charge my le on my account. If my ediately. I understand if lole for immediately provaying any late fees.	card is declined for the credit card prov	r any reason, I will tak vided above is cancel	te led
Cardholder Signat	ure:				
Date:					