

Allstar Athletics
AUTOMATIC PAYMENT AUTHORIZATION FORM
Credit Card (VISA/MASTERCARD)

One monthly payment will be charged for your fees and a record of the payment will appear on your credit card statement.

Athletes

Name(s): _____

Monthly Installment(s): \$ _____ Date to Be Charged: 1st _____ 16th _____

Signing below will authorize Allstar Athletics to initiate credit/Debit card charges for the monthly recurring payments reflected above and to initiate, if necessary, credit entries and adjustments for any entries in error to my credit card. This authority is to remain in full force and effect until the fees are paid in full. I understand that I will be charged a \$30.00 fee for charges that are rejected.

Financial Commitment

I have read the Tuition/Fee Information and fully understand my commitment to Allstar Athletics outlined in Tryout Packet and payment schedule. I understand that my commitment is for the entire Allstar competitive season. I understand that I will forfeit any monies paid if I choose to leave a team or am asked to leave the program. I understand that I am entering into this program of my own free will.

VISA _____ **Master Card** _____

Credit Card Number: _____

Verification (3 digit) Number: _____

Valid through date: _____

Billing Address: _____

Billing Zip Code: _____

Email Address: _____

Name as it appears on credit card:

Signature

Date

It is your responsibility to inform the office of any changes to this card.