

# Allstar Athletics

## Back up Credit/Debit Card Authorization Form Required

I authorize Allstar Athletics to charge my credit card in the event of late/nonpayment due Allstar Athletics for including, but not limited to cheerleading, competition, tumbling fees, privates or uniforms, plus a 10% late fee.

### **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 2018-2019 Allstar competitive season. I understand that I am giving my credit card/debit card information and that information will be used if I do not meet payment deadlines to Allstar Athletics. This authority is to remain in full force and effect until the fees are paid in full. Final payment is due by April 1<sup>st</sup> 2019. 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.*