



Step Ahead of South Florida, Inc., est 1996  
South Florida's Premiere Cheer Training Facility  
National Champions Since 1998

## CREDIT CARD AUTHORIZATION FORM

Name of Student: \_\_\_\_\_ Class/Team: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_  
Contact Information: (cell) \_\_\_\_\_ (home) \_\_\_\_\_  
(work) \_\_\_\_\_ (email) \_\_\_\_\_  
VS / MC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ CVC (3 digits) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_

I have read and understand the financial policies of Step Ahead of South Florida, Inc. I am authorized to sign on the account listed above and I certify that all the information above is complete and accurate. I hereby authorize Step Ahead of South Florida, Inc. to collect payment for fees due by processing a charge to the account listed above on the first of each month. **I understand that if the charge should be declined for any reason, a \$30.00\* returned item fee would be assessed.** I understand that my account will be charged until my financial obligation is fulfilled.

\*I understand that it is my responsibility to notify Step Ahead immediately should my account information change.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please provide a photo copy of the front/back of credit card.)

## BANK CARD DEBIT AUTHORIZATION FORM

Bank Information: Name of Bank/Financial Institution: \_\_\_\_\_  
Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
Bank Card: VS / MC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ CVC (3 digits) \_\_\_\_\_  
Name as it appears on the account: \_\_\_\_\_  
Address as it appears on the account: \_\_\_\_\_  
(City, State, Zip): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I have read and understand the financial policies of Step Ahead of South Florida, Inc. I am authorized to sign on the account listed above and I certify that all the information above is complete and accurate. I hereby authorize Step Ahead of South Florida, Inc. to collect payment for fees due by processing a debit to the account listed above on the first of each month. **I understand that if the debit should be returned, a \$30.00\* returned item fee would be assessed.** I understand that my account will be debited until my financial obligation is fulfilled.

\*I understand that it is my responsibility to notify Step Ahead immediately should my account information change.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please provide a voided check and front/back of bank card)

### FOR ALL FORMS OF PAYMENTS:

Amount to be charged / debited for Initial Payment at Registration \$\_\_\_\_\_. Date: \_\_\_\_/\_\_\_\_

Amount to be charged / debited for Remaining Season Fees. **Payment Plan** \$\_\_\_\_\_.

\_\_\_\_ Monthly (June 1 – April 1) \_\_\_\_\_ Quarterly (June 1, Sept 1, Dec 1, Mar 1)

\_\_\_\_ Biweekly (June – April, beginning on June \_\_\_\_)

\_\_\_\_ One-time payment (date: \_\_\_\_\_)

\_\_\_\_ Other Terms (For plans not mentioned above, please describe): \_\_\_\_\_

Amount: \$\_\_\_\_. Description: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Payment Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_  
Pay Tally Date: \_\_\_\_\_ Other: \_\_\_\_\_