

# CHAMPION CHEER ATHLETICS

## PAYMENT CHANGE REQUEST FORM

Please email to [frontdeskcca@gmail.com](mailto:frontdeskcca@gmail.com) by 5:00 pm on June 30<sup>th</sup>.

Athlete's Name: Click or tap here to enter text.

Name of Financially Responsible Person: Click or tap here to enter text.

### Option 1:

I would like to pay my TOTAL all-inclusive amount in FULL on or before 7/5.

Cash

Check

Auto Pay  to run on Click or tap to enter a date.

### Option 2:

I would like my auto-pay to come out of a different account than what is currently listed on my registration paperwork:

Visa

Mastercard

Checking

Name on Account: Click or tap here to enter text.

Billing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Account Number: Click or tap here to enter text.

Routing: Click or tap here to enter text.

Expiration Date if CC: Click or tap to enter a date.

### Option 3:

Please divide my all-inclusive monthly payment into 2 draws to run on the 5<sup>th</sup> & 15<sup>th</sup>.

E-Signed by: Click or tap here to enter text.

Date: Click or tap to enter a date.