ELECTRONIC PAYMENT INFORMATION

Electronic Funds Transfer/Recurring Credit Card Payment Form

Today's Date:_____ Monthly Tuition:_____

Child's Name:_____

Action you wish to take:

___ **New** Enrollment ____ **Change** to Existing Authorization/Update ____**Cancel** Payment

___Please check here if your child is dropping from the Dreamz Elite Allstars. Please let us know why your child is leaving Dreamz Elite Allstars:

Recurring Credit/Debit Card Payment (Visa, MasterCard, Discover or American Express)

Cardholder Name:_____ Billing Phone Number:_____

Cardholder Billing Address:_____
Street City State Zip

Card Type: _____Visa _____MasterCard _____Discover _____American Express

Card Number:_____ Expiration Date:_____

3 Digit Security Code: _____

Name as it appears on card:_____

Cardholder Signature:_____

Payment Policies:

- All members are required to supply Dreamz Elite Allstars with a credit card on file, there are no exceptions.
- Tuition is due on the 1st day of each month. Checks and/or cash are acceptable payment, however, any outstanding balance not paid on the first of the month will be automatically processed to the credit card on file.
- If a check is returned for insufficient funds, Dreamz Elite Allstars will no longer be able to accept checks from that family and a $30 NSF fee will be imposed, no exceptions.
- No refund is given if a member quits or is dismissed from the program. There are NO refunds on competition fees.

I authorize Dreamz Elite Allstars on the 1st day of each month to charge the above credit/debit card from the financial institution indicated above. In the event of a holiday, withdrawal will occur on the next business day. I understand that in the event the transaction is rejected due to insufficient funds, a $30 service charge will be added to my account. I authorize Dreamz Elite Allstars to adjust my monthly tuition fee at a future date should my child's enrollment change. I authorize Dreamz Elite Allstars to issue a credit to my account listed above if necessary. I also understand that my child will be automatically enrolled each month and tuition will be withdrawn each month until I give written notification at least 15 days in advance to discontinue the Recurring Credit/Debit Card Payment.

Account Holder's Signature:_____

Date:_____

Privacy Act Statement – This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only". Violations may be punishable by fines, imprisonment, or both.