



Credit Card Authorization Form

Card Holder Information

Name of Student:		
Name on Card:		
Card Billing Address:		
City:	State:	Zip:

Payment Authorization

Card Type: Visa Master Card

Card Number: _____

Expiration Date: _____

Card Identification Number: _____



Please reference the picture to the right for the location of this number on your card (CVV2). 3 digits on back.

I/We hereby authorize Woodlands Elite Cheer Company, L.P. or its affiliates hereinafter referred to as "WECC" to charge this credit card on a monthly basis for the amount due on our account. My/Our credit card will be charged on or about the 6th day of each month for the amount due. If necessary, "WECC" may initiate credit adjustments for any charges made in error. "WECC" also may charge my card for periodic miscellaneous charges at my request. This authorization is to remain in full force and effect until "WECC" has received written notification from me (or either of us) of termination of this service in such time and such a manner as to afford "WECC" a reasonable opportunity to act upon it. Written notice may be provided either to the address or email above.

Signature: _____ Date: _____

Payment Policy

All charges at "WECC" are billed on or about the 1st day of each month and become due immediately. Customers have until the 5th day of each month to pay the balance due on their account via cash, check, etc. All amounts remaining due on the 6th day of the month will be charged to the credit card on file for the account unless the 6th falls on a non business day. Then, the card on file will be charged on the next business day. Any accounts with a balance due after the 6th day of the month will automatically be charged a \$25.00 late fee, and the student(s) associated with the account may be withheld from participating in activities at "WECC". This includes accounts in which the credit card transaction on their account is declined for any reason.