



## **Debit & Credit Card Authorization**

I (we) hereby authorize Capital Cheer Elite, LLC, hereinafter called CCE, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payments to my account at Capital Cheer Elite. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

**Athlete's Name:** \_\_\_\_\_

***Gym Fees:***

Accounts will be debited on the first of each month June through May for monthly gym tuition fees. The primary card on file will be debited on the first of each month June through May for the monthly gym tuition. If the primary card does not process for any reason, the secondary card will be processed for the monthly gym tuition fees. A \$25.00 late fee will be applied to the account for any fees not paid by the 5th of each month.

***Fixed Fees:***

Fixed fees are to be paid in person by the 15th of each month July through December. If your fixed fee is not paid by the 20th of the month, a \$25.00 late fee will be applied and the card below will be charged the outstanding amount.

***Account Updates:***

It is the responsibility of each individual to update their account information on file in writing, as often as needed.

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***Primary Card Information***

Name on Card: \_\_\_\_\_ Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

***Secondary Card Information***

Name on Card: \_\_\_\_\_ Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above, and is valid for monthly tuition/fees only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.