



# NJ PREMIER ALL STARS

## 2024-2025 TEAM FEE AUTO PAY FORM

\$	\$	\$	\$	\$	\$	\$
JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

### CREDIT CARD HOLDER INFORMATION

ATHLETE :

CARDHOLDER NAME:

ADDRESS:

CITY:  ZIP :

EMAIL:  CELL PHONE :

### TEAM FEE CREDIT CARD AUTHORIZATION

**AUTO PAY TEAM FEES** - I understand it is my responsibility to pay NJ Premier All Star Cheer TEAM FEES by the 1st of the month. \*All the above credit card information is accurate. I am voluntarily giving NJ PREMIER the above credit card information. I understand I am authorizing NJ PREMIER to charge my credit card listed above on the 15th of every month for my monthly team fee installments. I understand if for any reason my child quits NJ PREMIER, that any UNPAID TEAM FEE balances will be charged to the credit card provided above. I understand if for any reason my child quits NJ PREMIER, that any paid TEAM FEES will not be REFUNDED OR DISPUTED.

**CASH/CHECK/CREDIT CARD TEAM FEE PAYMENTS** - I understand it is my responsibility to pay NJ Premier All Star Cheer TEAM FEES by the 15th of the month. All TEAM FEES not paid by the 20th of the month are subject to a \$25.00 LATE FEE and will automatically be billed to the card provided above on file. I understand if for any reason my child quits NJ PREMIER, that any unpaid TEAM FEE balances will be charged to the above credit card. I understand if for any reason my child quits NJ PREMIER, that any paid TEAM FEES will not be REFUNDED OR DISPUTED.

*I confirm that all of the above credit card information I have provided is accurate. I am voluntarily giving NJ PREMIER my credit card information. I understand I am authorizing NJ PREMIER to charge my credit card listed above on the 15th of every month for my TEAM FEE Installments.*

*I understand if for any reason my child quits NJ PREMIER, that ALL UNPAID TEAM FEE balances will be charged to the credit card provided above. I understand if for any reason my child quits NJ PREMIER, that all paid TEAM FEES will **NOT** be REFUNDED OR DISPUTED.*

PRINT NAME :  DATE :

SIGNATURE :  DATE :

### OFFICE USE ONLY

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER



# NJ PREMIER ALL STARS

## TEAM FEE AUTO PAY CREDIT CARD PLAN

**2024-2025**

*Card will be run on the 15th of the month*

**Check this box if you are opting out of TEAM FEE Autopay.**

*Please Note : All Credit Card Payments outside of our AutoPay Plans will incur a \$5.00 Fee / Charge.*

**Athlete :**

**First Name :**

**Credit Card Type :**

**Card Number :**

**Expiration:**

**CVC :**

**Street Address :**

**City :**

**State :**

**Zip Code :**

**E-Mail :**

*I confirm that all of the above credit card information I have provided is accurate. I am voluntarily giving NJ PREMIER my credit card information. I understand I am authorizing NJ PREMIER to charge my credit card listed above on the 15th of every month for my TEAM FEE Installments.*

*I understand if for any reason my child quits NJ PREMIER, that ALL UNPAID TEAM FEE balances will be charged to the credit card provided above. I understand if for any reason my child quits NJ PREMIER, that all paid TEAM FEES will **NOT** be REFUNDED OR DISPUTED.*

**PRINT NAME :**

**DATE :**

**SIGNATURE :**

**DATE :**