

SUMMER DISCOUNT

\$

SUMMER TUITION

NJ PREMIER ALL STARS

MONTHLY TUITION AUTO PAY FORM

2024-2025

\$

	SUM	IMER TUITION	FALL TUITION
	CREDIT CARD HOLDER	INFORMAT	'ION
ATHLETE:			
CARDHOLDER NAME:			
ADDRESS:			
CITY:		ZIP:	
EMAIL:		CELL PHONE :	
TUITION CREDIT CARD AUTHORIZATION			
PREMIER to amount. I un balances wil NJ PREMIER, CASH/CHECK Cheer TEAM subject to a sunderstand in charged to the any paid TUI	charge my credit card listed above on the charge my credit card listed above on the charge my child quited above to the credit card provided, that any paid TUITION will not be REFUK TUITION PAYMENTS - I understand it is TUITION by the 1st of the month. All TU\$25.00 LATE FEE and will automatically lifted any reason my child quits NJ PREM he above credit card. I understand if for ITION will not be REFUNDED OR DISPUT	ne 1st of every ne ts NJ PREMIER, I understand in the INDED OR DISP ITTION not paid the billed to the lier, that any use any reason my ED.	nonth for my monthly tuition that any unpaid TUITION f for any reason my child quits UTED. ility to pay NJ Premier All Star by the 10th of the month are card provided above on file. I npaid TUITION balances will be child quits NJ PREMIER, that
NJ PREMIER my	ll of the above credit card information I h credit card information. I understand I a card listed above on the <u>1st of every mon</u>	m authorizing I	NJ PREMIER to charge my credit
,	for any reason my child quits NJ PREMI redit card provided. I understand if for a paid TUITION will NOT be REFU	ny reason my ci	hild quits NJ PREMIER, that any
PRINT NAME			DATE:
SIGNATURE	:		DATE:
	OFFICE USE O	NLY	

\$

FALL DISCOUNT

FALL TUITION

OFFICE SIGNATURE

DATE ENTERED IN JR



SIGNATURE:

NJ PREMIER ALL STARS

TUITION AUTO PAY CREDIT CARD PLAN

2024-2025

Card will be run on the 1st of the month

DATE:

Check this box if you are opting out of TUITION 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 1st of every month for my MONTHLY All Star Cheerleading TUITION payments. I understand if for any reason my child quits NJ PREMIER, that any unpaid TUITION balances will be charged to the credit card provided. I understand if for any reason my child quits NJ PREMIER, that any paid TUITION will NOT be REFUNDED OR DISPUTED. PRINT NAME: DATE: