



NJ PREMIER ALL STARS

2025-2026 TEAM FEE AUTO PAY FORM

TEAM FEE CREDIT CARD AUTHORIZATION

AUTO PAY TEAM FEES - I understand that it is my responsibility to pay NJ PREMIER All Star Cheer TEAM FEES by the 9th of each month. I voluntarily provide NJ PREMIER with my credit card information and authorize NJ PREMIER to charge my credit card on the 9th of every month for my monthly team fee installments. I understand that if my child withdraws from NJ PREMIER for any reason, any unpaid TEAM FEE balances and the QUITTER'S FEE will be charged to the credit card on file. I also acknowledge that any paid TEAM FEES are non-refundable, non-transferable and cannot be disputed.

MANUAL TEAM FEE PAYMENTS (CASH, CHECK, PORTAL PAYMENTS) - I understand that it is my responsibility to pay NJ PREMIER All Star Cheer TEAM FEES by the 9th of each month. All TEAM FEES not paid by the 15th of the month are subject to a \$25.00 late fee and will automatically be billed to the card on file. I voluntarily provide NJ PREMIER with my credit card information and authorize NJ PREMIER to charge my credit card on the 9th of every month for my monthly team fee installments if I have not paid. I understand that if my child withdraws from NJ PREMIER for any reason, any unpaid TEAM FEE balances and the QUITTER'S FEE will be charged to the credit card on file. I also acknowledge that all paid TEAM FEES are non-refundable, non-transferable and cannot be disputed.

I confirm that the credit card information provided is accurate, and I am voluntarily authorizing NJ PREMIER to store and use this information for payment processing. I understand and agree that NJ PREMIER is authorized to charge my credit card on the 9th of each month for my TEAM FEE installments or on the 15th if I opt out of Auto Pay and am late on my payment.

I acknowledge that if my child withdraws from NJ PREMIER for any reason, all unpaid TEAM FEE balances will be charged to the credit card on file. Additionally, I understand that all paid TEAM FEES are non-refundable, non-transferable and cannot be disputed.

FAMILY LAST NAME

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE

OFFICE USE ONLY

\$	\$	\$	\$	\$	\$	\$	\$
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JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN
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CROSSOVERS:

\$	\$
FEB	MAR

OFFICE SIGNATURE



2025-2026

NJ PREMIER ALL STARS

TEAM FEE AUTO PAY CREDIT CARD PLAN

Card will be run on the 9TH of the month

☐

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

CREDIT CARD HOLDER INFORMATION

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

Athlete Name:

Name on Card:

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 9th 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, DISPUTED or TRANSFERRED.*

FAMILY LAST NAME

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE