



NJ PREMIER ALL STARS

MONTHLY TUITION AUTO PAY FORM

2025-2026

TUITION CREDIT CARD AUTHORIZATION

AUTO PAY TUITION - I understand that it is my responsibility to ensure that my Team Tuition is paid to NJ Premier All Star Cheer by the 26th of the month prior. I confirm that all credit card information provided is accurate, and I voluntarily authorize NJ Premier to securely store and charge this card on the 26th of the month prior for my monthly tuition amount.

I acknowledge that if, for any reason, my child discontinues participation with NJ Premier, any unpaid tuition balances will be charged to the credit card on file. I also understand that any tuition already paid is non-refundable, non-transferable and may not 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 26th of each month for my TUITION payment or on the 1st 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 TUITION balances will be charged to the credit card on file. Additionally, I understand that all paid TUITION PAYMENTS are non-refundable, non-transferable and cannot be disputed.

FAMILY LAST NAME

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE

OFFICE USE ONLY

TUITION: \$

TOTAL: \$

DATE ENTERED IN JR

FAMILY DISCOUNT: \$

OFFICE SIGNATURE



2025-2026

NJ PREMIER ALL STARS

TUITION AUTO PAY CREDIT CARD PLAN

Card will be run on the 26TH of the month PRIOR.

☐

Check this box if you are opting out of TUITION 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 1st of every month for my MONTHLY 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 provide and if for any reason my child quits NJ PREMIER, that any paid TUITION will NOT be REFUNDED OR DISPUTED.

FAMILY LAST NAME

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT / GUARDIAN SIGNATURE