

## **AUTOMATIC PAYMENT AUTHORIZATION FORM**

One monthly payment will be charged for your fees on the first day of every month and a record of the payment will appear on your credit card statement.

Athletes Name(s): \_\_\_\_\_

Monthly Installment(s) to be charged: \$ \_\_\_\_\_

Signing below will authorize Shining Stars All Star to initiate credit/Debit card charges for the monthly recurring payments reflected above and to initiate, if necessary, credit entries and adjustments for any entries in error to my credit card. This authority is to remain in full force and effect until the fees are paid in full. I understand that I will be charged a \$30.00 fee for charges that are rejected.

### **Financial Commitment**

I have read the Tuition/Fee Information and fully understand my commitment to A1 Spirit Athletics outlined in the registration form and payment schedule.

VISA: \_\_\_\_\_ Master Card: \_\_\_\_\_ Other: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Verification (3 digit) Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility to inform the office of any changes to this card. If enrollment is discontinued at Shining Stars All Star, it is your responsibility to call and have the card removed.