



Allstar Athletics
AUTOMATIC PAYMENT AUTHORIZATION FORM
Credit Card (VISA/MASTERCARD)

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

AUTOMATIC PAYMENT PLAN AGREEMENT

Athletes Name(s): _____

Monthly Payment(s): Cheerleading \$ _____, Competition \$ _____, Tumbling \$ _____

Other \$ _____

This is the amount to be charged to your account. If you are enrolling more than one athlete, this figure should be the sum of each monthly payment.)

Signing below will authorize Allstar Athletics to initiate credit card charges for the monthly payments reflected above and to initiate, if necessary, credit entries and adjustments for any debit 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 \$25.00 fee for charges that are rejected and that Allstar Athletics reserves the right to cancel this authorization and will notify me in writing of such action.

Primary Card

Back-up Card

VISA _____
Master Card _____

Credit Card Number: _____

Verification (4 digit) Number: _____

Valid from date: _____

Valid through date: _____

VISA _____
Master Card _____

Credit Card Number: _____

Verification (4 digit) Number: _____

Valid from date: _____

Valid through date: _____

Name as it appears on credit card: _____

Signature: _____