

CONNECT ALL-STARS

CHEER AUTO PAY Authorization Form

CONNECT ALL-STARS requires automatic payment for all registered athletes. A copy of the front and back of the credit card must be submitted with this form. Any athlete/parent who wishes to change or cease payments entirely from the auto-pay system must notify CONNECT ALL-STARS in writing no less than 10 days prior to the next scheduled payment. There will be NO refunds or credits to the account (full or partial) for any payments made prior to the 10 days after such notifications. Athletes resigning on or after December 1, 2009 will be responsible for the remainder of the season's tuition through April 2010. Auto payments are non-refundable. Payments that result in non-sufficient funds, declined credit card and/or expired card will be charged a \$35.00 NSF Service fee. It is the responsibility of the parent/account holder to provide current card/account information.

Athlete Name: _____ Enrolled In: _____

Account Holder Name: _____ Phone: _____

Account Holder Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Info:

Circle Card: Visa or MasterCard Card Number: _____

Expiration Date: _____ Security Number (3 digits on back): _____

I authorize CONNECT ALL-STARS to withdraw funds for a payments of a recurring amount from my card for the purpose of Monthly Tuition (eg: cheer and tumbling) only. *Competition/Coaches fees will be on a separate form at a later date.*

I am an authorized credit card user on the account identified above and authorize all of the above with my signature below. This authorization shall remain in full force and effective until CONNECT ALL-STARS has received written notification from the authorized credit card user of their termination in the allotted time (listed above) to give CONNECT ALL-STARS a reasonable amount of time to act on it.

I acknowledge that there are no refunds.

Furthermore, if any such debt(s) drawn off the above account are returned NSF, I authorize CONNECT ALL-STARS to collect such debits by electronic debit and subsequently collect an electronic per item returned NSF service fee not to exceed the state allowable amount from the account identified above.

Signature: _____ Date: _____