



2012-2013

Carolina Crossfire Cheer, LLC

Automatic Payment Authorization - Credit / Debit Cards

Please PRINT the following Information:

Child's Full Name(s) _____
Person Authorizing Automatic-Draft Payments:
Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____
Email Address _____

Monthly Tuition Amount \$ _____

First Billing Date: _____

I hereby authorize monthly tuition payments, as shown above, to be billed to the credit or debit card designated below. In the event that I change my credit card service to a different card issuer, I will notify Carolina Crossfire Cheer, LLC office at least 15 days prior to the date of my next scheduled automatic payment. I will give a 30-Day written notice to Carolina Crossfire Cheer, LLC to discontinue the automatic payment, if for any reason I should withdraw my child from Carolina Crossfire Cheer, LLC.

Upon enrolling at Carolina Crossfire Cheer I will be expected to pay my monthly tuition by one of two payment options.

1. Automatic debit through a credit or debit card that will be billed on the FIRST of each month.
2. If I do not choose automatic payment monthly and tuition payment is not received by the 5th of the month, I will be expected to pay a \$10 late fee and my credit card or debit card one file will be used to collect payment only if the bill is not paid on time.

PLEASE NOTE: In the event that your credit card payment is declined, an additional charge of \$35.00 will be applied to that monthly payment.

I hereby authorize billing to my credit/debit card only as specified above.

Signature _____ Date _____

Credit Card Information (please print) Name (as it appears on the card) _____ Account # _____ Expiration Date _____ Card: VISA MASTER CARD (circle one)

Please Return Completed Form to:
Carolina Crossfire Cheer, LLC
535 Clemson Rd. Suite B
Columbia, SC 29229