

# PREMIER CHEERLEADING

## HIGH SCHOOL AUTO PAYMENT PLAN

### Credit or debit card charge authorization agreement

The card listed below will be charged \$ 100.00 for September tuition and the annual registration fee. The following payments of \$ 65.00 will be charged according to the following payment schedule:

**September 12<sup>th</sup> \$100 ( \$65 + Registration Fee)**

**\$65 monthly fee's October 12<sup>th</sup>, November 12<sup>th</sup>, December 12<sup>th</sup>, January 12<sup>th</sup> and February 12<sup>th</sup>**

I hereby authorize Premier All-Star Cheerleading, to charge my credit/debit card for the agreed upon amount of monthly tuition related to my family's enrollment at Premier. Tuition will be charged on the 12<sup>th</sup> day of each month. I understand that my credit card or debit card will continue to be charged on a monthly periodic basis unless I notify the front office at Premier. I understand that it will not be sufficient notice to merely tell an instructor or supervisor, written notice must be provided. Any injuries which will result in an athlete being unable to participate for more than a one month time period must provide a note from a doctor in order to not be charged said months monthly fee. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service, including a two (2) week written notice to Premier of any intent to discontinue. I agree to notify Premier All-Star cheerleading immediately if any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft of card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as an additional late fee of \$20.

Credit Card information: MasterCard   Visa   Discover (circle one)

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

Expiration Date:      \_\_ \_\_ - \_\_ \_\_

Security Code:      \_\_\_\_ \_\_\_\_ \_\_\_\_

Card Holders Name: \_\_\_\_\_

Credit Card Billing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone:      \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell Phone:      \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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