

Super Squad Credit Card Authorization Form

All requested information is required. We will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. Monthly charges will be September through May between the 1st- 5th of each month. September will be the only pro-rated month.

Customer Information (Please write clear and neat)

Customer Name _____ Phone # _____

Payment Information (Please write clear and neat)

Amount: \$ _____ Frequency: Monthly _____

Start Billing on: ___/___/___ End Billing when: Contract Expires ___/___/___

Credit Card Information (to be completed by merchant): Accept Visa, MasterCard, Discover, and American Express

Credit Card Type: _____ Expires: _____

Credit Card #: _____

Cardholders Name as it appears on card: _____

Cardholder's Zip Code: _____

Three Digit Security Code on the back of the credit card: CVC# _____

Customer's Signature: _____ Date: _____

Policies: Please Initial

_____ Monthly tuition will be drafted between the 1st-5th of each month.

_____ If your card expires or if any account information is changed, it is your responsibility to update the information 14 days prior to the due date. Failure to do so will result in NSF and/or late fees.

_____ Any declined cards will be treated as a returned check. A \$25 NSF charge will be added to your account for any payment that is declined.

_____ Any unpaid amount on my Super Squad account will be charged to this credit card in May.

I accept the above terms and understand that the tuition will be charged to this credit card and agree to pay the full amount to the card issuer. I also understand that if my account falls 30 days past due, my child will be removed from Super Squad and will not be able to participate in practices or performances

Signature of Cardholder: _____ Date: _____