



RECREATIONAL AND TEAM AUTO-BILLING AUTHORIZATION FORM

While we do not require auto-billing, we do require that all customers complete the following form. We highly encourage you to **“opt in”** to auto-billing for your convenience and so that you do not have to worry about receiving a late fee. If you decide to **“opt**

out” of auto-billing, the following options are available: pay online via emailed invoice, call in the payment, mail a check, or pay in person via cash, check, or card.

OPT IN TO AUTO-BILLING

YES, I would like to **“opt in”** to auto-billing so that my card on file is charged automatically, and I agree to the following terms:

- I understand that the registration fee is due upon enrollment and is renewed annually.
- I understand that if my card is declined and not updated by the 10th of the month, I will be charged a \$10 late fee.
- I understand that the monthly tuition is prorated for my first month according to when my child starts and then will be charged on the first of all upcoming months.
- I understand that I can notify the office in writing at any time if I decide to opt out of auto-billing.

OPT OUT OF AUTO-BILLING

NO, I would like to **“opt out”** of auto-billing at this time, and agree to the following terms:

- I understand that a \$10 late fee is charged to my credit card if my payment is received after the 10th of the month.
- I understand that the fee for a bounced check is \$25.
- I understand that if I have not made a payment by the 17th of the month that the payment is due, the card I have on file will be charged for any fees that are due and the \$10 late fee will be charged on the monthly tuition.
- I understand that I can notify the office at any time if I decide to opt in to auto-billing.

ALL CUSTOMERS

I understand that if my child needs to temporarily or permanently discontinuing enrollment, that I must **complete a drop form by the 20th of the last month my child will be actively enrolled.** I also understand that if I do not complete the form to provide notice, then I will be charged even if attendance ceases.

I agree that it is my responsibility to keep my card information on file updated as I am issued new cards.

Customer Information

Customer name _____

Athlete name(s) _____

Credit Card Information

Card type: MasterCard VISA Discover AMEX Other

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ CVV _____ Expires _____ / _____

Email address _____ Phone number (_____) _____ - _____

Customer's Signature

Date