



## AUTO DEBIT AUTHORIZATION FORM

Every athlete **MUST** turn this form.

Please provide a credit/debit card number for monthly tuition payments. Monthly tuition fees will be automatically drafted on the 5th of each month. If NOT paid within 10 days a \$20 late fee will be added. *\*This page must be submitted along with all other forms necessary.*

Athlete's Name: \_\_\_\_\_

Your Name as it appears on the card: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Holders Address with Zip code: \_\_\_\_\_

I have read and understand the financial policies of Magic Valley Elite All Star Cheer. I am authorized to sign on the account listed above and I certify that all the information above is complete and accurate. I hereby authorize Magic Valley Elite All Star Cheer to collect payment for fees due by processing a debit to the account listed above on the 5th of each month. I understand that if the debit should be returned, a \$20.00 late fee on the 15th of each month will be assessed in the event that a payment is past due. If not paid, the late fee increases to \$40 by the 30th of that month.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

