



PAYMENT POLICY & AUTHORIZATION

ATHLETE NAME(S) _____

PAYMENT POLICY

We accept cash, check, Visa and MasterCard as forms of payment. **All athletes are required to have a valid credit card form on file.** Tuition and monthly fees will be charged to this card. If you do not want your card charged, you must provide another form of payment BEFORE the 1st of the month. In the event that your card is lost, stolen, or has any changes made (expiration, new address, etc), it is your responsibility to turn in a new form to All-Star Fusion. Declined credit cards and returned checks will result in a \$25 fee.

I have read and understand the payment policy. Initials _____ Date _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Card Type: _____ Expiration: _____ CID # (back of card) _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION

I hereby authorize payments to be automatically deducted from the account designated above. I understand that if I do not want my account drafted, I must supply another form of payment prior to the 1st of the month.

Signature: _____ Date: _____