



## Credit Card Authorization Form 2020-2021

Cheerleader Name: \_\_\_\_\_

Team (s): \_\_\_\_\_

Credit Card type      MASTERCARD

VISA

Card number: \_\_\_\_\_

Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

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

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

- Monthly Tuition will be charged
- Charge All fees on scheduled due date
- I do not want my card charged for any additional fees. However, I understand that any fees not paid by the 10<sup>th</sup> of the month I will be automatically charmed from the credit card on file

### **ALL ATHLETES MUST HAVE A VALID CREDIT CARD ON FILE**

All above credit card information is accurate. I am voluntarily giving CFAS the above credit card information. I understand if for any reason my child leaves the program, that any unpaid balances will be charged to the credit card provided upon departure.

Charges will be made based on the 2020-2021 pricing guide for your athlete's team level, please review for questions. All financial obligations in the Financial Obligation Agreement will also be followed as stated in the document attached.

Signature of Card Holder: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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