AutoPay Authorization Form

Current Email:_____

(for automated email receipt)

Student Name:_____

Parent Name:_____

By signing this form I am authorizing the charging of my student's class/team fees to my credit card on a monthly basis.

Type of Credit Card: _____

(Visa, MasterCard, American Express, or Discover)

Card Number: _____ first 4 digits _____ last 4 digits

Please hand your card to the front desk and they will input your card information into our iClass Pro system for later processing through authorize.net's secure server. The numbers entered in our computer will be encrypted and not accessible by any member of our staff once the date is saved.

I represent and warrant that if I am purchasing something from this facility or from Merchants that (i) any credit card or information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if autopay information is provided) this facility to charge my credit card account. I understand that written notice is required to terminate billing by the 15th of the preceding month and **I am responsible for payment whether or not my student attends classes until I notify this facility by email or in writing to drop my student from classes/ team.** Unfortunately no refund can be made if termination notice is not received by the 15th of the preceding month. Example: December tuition- AutoPay billing termination must be made by November 15th

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I have read and understand this statement_____ (initial)

Autopay to begin month/year of: _____ /_____

Signature of Card Holder:_____ Date:_____